

CONFIDENTIAL

Form 1040

U.S. Individual Income Tax Return 1999

(99)

IRS use only — Do not write or staple in this space.

OMB No. 1545-0074

Label
(See instructions.)Use the
IRS logo.
Other ways,
please print
or type.Presidential
Election
Campaign:
(See instructions.)

Department of the Treasury — Internal Revenue Service

For the year Jan 1-Dec 31, 1999, or other tax year beginning

, 1999, ending

(99) IRS use only — Do not write or staple in this space.

Your First Name	MI	Last Name	Your Social Security Number
VIVIAN	D	BERT	
If a Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security Number
Home Address (number and street). If You Have a P.O. Box, See Instructions.			Apartment No.
302 TENTH AVE			
City, Town or Post Office. If You Have a Foreign Address, See Instructions.			State ZIP Code
MIDDLETON			OH 45044
<input checked="" type="checkbox"/> Do you want \$3 to go to this fund? <input type="checkbox"/> If a joint return, does your spouse want \$3 to go to this fund?			
Important! You must enter your social security number(s) above.			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <small>Note: Checking "Yes" will not change your tax or reduce your refund.</small>			

Filing Status

- 1 Single
 2 Married filing joint return (even if only one had income)
 3 Married filing separate return. Enter spouse's SSN above & full name here ►
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ►
 5 Qualifying widow(er) with dependent child (year spouse died ► 19). (See instructions.)

Check only one box.

Exemptions

- 6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

- b Spouse

c Dependents:	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions)	No. of boxes checked on 6a and 6b
	MALIQUE	D BERT		Son	<input checked="" type="checkbox"/>	1

d Total number of exemptions claimed

7. Wages, salaries, tips, etc. Attach Form(s) W-2	7	2,000.
8a Taxable interest. Attach Schedule B if required	8a	2,446.
b Tax-exempt interest. Do not include on line 8a	8b	
9 Ordinary dividends. Attach Schedule B if required	9	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	393.
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶	13	
14 Other gains or (losses). Attach Form 4797	14	
15a Total IRA distributions	15a	b Taxable amount (see instrs)
16a Total pensions & annuities	16a	2,730. b Taxable amount (see instrs)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	b Taxable amount (see instrs)
21 Other income. List type & amount (see instrs)	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	7,443.
23 IRA deduction (see instructions)	23	
24 Student loan interest deduction (see instructions)	24	
25 Medical savings account deduction. Attach Form 8853	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	
28 Self-employed health insurance deduction (see instructions)	28	
29 Keogh and self-employed SEP and SIMPLE plans	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 Add lines 23 through 31a	32	
33 Subtract line 32 from line 22. This is your adjusted gross income	33	7,443.

If more than six dependents, see instructions.

Income
Attach Copy B of your Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.
If you did not get a W-2, see instructions.

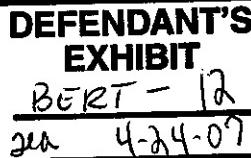
Enclose, but do not staple, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

BAA. For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FD-1040 (1999)

Form 1040 (1999)

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Form 1040 (1999) VIVIAN D BERT

Page 2

7,443.

Tax and Credits

34	Amount from line 33 (adjusted gross income)	34	
35a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here	35b	<input type="checkbox"/>
36	Enter your itemized deductions from Schedule A, line 28, Or standard deduction shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent.....	36	6,350.
37	Subtract line 36 from line 34	37	1,093.
38	If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet in the instructions for the amount to enter	38	5,500.
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	0.
40	Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	0.
41	Credit for child and dependent care expenses. Attach Form 2441	41	0.
42	Credit for the elderly or the disabled. Attach Schedule R	42	
43	Child tax credit (see instructions)	43	0.
44	Education credits. Attach Form 8863	44	
45	Adoption credit. Attach Form 8839	45	
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	47	
48	Add lines 41 through 47. These are your total credits	48	0.
49	Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-	49	0.

Other Taxes

50	Self-employment tax. Attach Schedule SE	50	
51	Alternative minimum tax. Attach Form 6251	51	
52	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	52	
53	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	53	
54	Advance earned income credit payments from Form(s) W-2	54	
55	Household employment taxes. Attach Schedule H	55	
56	Add lines 49-55. This is your total tax	56	0.

Payments

57	Federal income tax withheld from Forms W-2 and 1099	57	
58	1999 estimated tax payments and amount applied from 1998 return	58	
59a	Earned Income credit. Attach Schedule EIC if you have a qualifying child. b Nontaxable earned income: amount	59a	
60	Additional child tax credit. Attach Form 8812	60	
61	Amount paid with request for extension to file (see instructions)	61	
62	Excess social security and RRTA tax withheld (see instrs)	62	
63	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	63	
64	Add lines 57, 58, 59a, and 60 through 63. These are your total payments	64	

Refund

Have it directly deposited! See instructions and fill in 66b, 66c, and 66d.

65	If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you Overpaid	65	
66a	Amount of line 65 you want Refunded to You	66a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		

67	Amount of line 65 you want Applied to Your 2000 Estimated Tax	67	
----	---------------------------------------------------------------------	----	--

Amount You Owe

68	If line 56 is more than line 64, subtract line 64 from line 56. This is the Amount You Owe. For details on how to pay, see instructions	68	0.
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Sign Here

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature _____ Date _____ Your Occupation **OFFICE WORKER**

Daytime Telephone Number (optional)

Spouse's Signature if a Joint Return, Both Must Sign. Date _____ Spouse's Occupation _____

Paid Preparer's Use OnlyPreparer's Signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's Name (or yours if self-employed) and Address _____ EIN _____ ZIP Code _____

Self-prepared _____

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A-2 B

OMB No. 1545-0074

Name and Social Security Number Shown on Schedule A.

Page 2

Part I Interest	Schedule B — Interest and Ordinary Dividends	08
<p>Note: If you had over \$400 in taxable interest income, you must also complete Part III.</p> <p>1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address</p> <p>GE EVERNDALE EMP FED CREDIT UNION</p>		Amount
		2,446.45
<p>2 Add the amounts on line 1</p> <p>3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You Must attach Form 8815</p> <p>4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a</p>		2,446.45
<p>Note: If you had over \$400 in ordinary dividends, you must also complete Part III.</p> <p>5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13</p>		3
		4,246.45
Part II Ordinary Dividends		
<p>6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9</p>		6
<p>You must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. See instructions for exceptions and filing requirements for Form TD F 90-22.1</p>		Yes No
Part III Foreign Accounts and Trusts	<p>7a At any time during 1999, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1</p> <p>b If yes, enter the name of the foreign country</p> <p>8 During 1999, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If yes, you may have to file Form 3530. See instructions</p>	
	X X	

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

FDIA0401 10/13/99 Schedule B — Form 1040, 1999

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

EN100401-1041200

Schedule B (Form 1040) 1999

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Schedule C
(Form 1040)**Profit or Loss from Business**
(Sole Proprietorship)

OMB No. 1545-0074

1999
09Department of the Treasury
Internal Revenue Service (99)► Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
► Attach to Form 1040 or Form 1041. ► See instructions for Schedule C (Form 1040).

Social Security Number (SSN)

B Enter Code from Instructions
► 812990

D Employer ID Number (EIN), if Any

VIVIAN D BERT

A Principal Business or Profession, Including Product or Service (see instructions)

BERT V SITTING

C Business Name, If No Separate Business Name, Leave Blank.

E Business Address (include suite or room no.) ► 802 TENTH AVE
City, Town, Post Office, State, & ZIP Code MIDDLETOWN, OH 45044F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►G Did you 'materially participate' in the operation of this business during 1999? If 'No,' see instructions for limit on losses... Yes NoH If you started or acquired this business during 1999, check here **Part I Income**

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here	► <input type="checkbox"/>	1 4,800.
2 Returns and allowances		2
3 Subtract line 2 from line 1		3 4,800.
4 Cost of goods sold (from line 42 on page 2)		4 1,975.
5 Gross profit. Subtract line 4 from line 3		5 2,825.
6 Other income, including federal and state gasoline or fuel tax credit or refund		6
7 Gross income. Add lines 5 and 6	►	7 2,825.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	19 Pension and profit-sharing plans	19
9 Bad debts from sales or services (see instructions)	9	20 Rent or lease (see instructions):	
10 Car and truck expenses (see instrs)	10	a Vehicles, machinery, and equipment	20a 100.
11 Commissions and fees	11	b Other business property	20b 82.
12 Depletion	12	21 Repairs and maintenance	21 650.
13 Depreciation and Section 179 expense deduction (not included in Part III) (see instructions)	13	22 Supplies (not included in Part III)	22 450.
14 Employee benefit programs (other than on line 19)	14	23 Taxes and licenses	23 50.
15 Insurance (other than health)	15 350.	24 Travel, meals, and entertainment:	
16 Interest:		a Travel	24a
a Mortgage (paid to banks, etc)	16a	b Meals and entertainment	
b Other	16b	c Enter nondeductible amount (included on line 24b (see instructions))	
17 Legal & professional services	17 125.	d Subtract line 24c from line 24b	24d
18 Office expense	18 100.	25 Utilities	25 625.
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns		26 Wages (less employment credits)	26
29 Tentative profit (loss). Subtract line 28 from line 7		27 Other expenses (from line 48 on page 2)	27
30 Expenses for business use of your home. Attach Form 8829		28 2,532.	
31 Net profit or (loss). Subtract line 30 from line 29.		29 293.	
• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.		30	
• If a loss, you must go on to line 32.		31 293.	
32 If you have a loss, check the box that describes your investment in this activity (see instructions).		32a <input checked="" type="checkbox"/> All investment is at risk.	
• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.		32b <input type="checkbox"/> Some investment is not at risk.	
• If you checked 32b, you must attach Form 6198.			

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 1999

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Schedule C (Form 1040) 1999 VIVIAN D BERT

Page 2

Part II Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory:	<input type="checkbox"/> a Cost	<input type="checkbox"/> b Lower of cost or market	<input type="checkbox"/> c Other (attach explanation)
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	.....	35	
36 Purchases less cost of items withdrawn for personal use	.....	36	1,750.
37 Cost of labor. Do not include any amounts paid to yourself	.....	37	
38 Materials and supplies	.....	38	225.
39 Other costs	.....	39	
40 Add lines 35 through 39	.....	40	1,975.
41 Inventory at end of year	.....	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4.	.....	42	1,975.

Part III Information on Your Vehicle. Complete this part Only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) _____
- 44 Of the total number of miles you drove your vehicle during 1999, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting _____ c Other _____
- 45 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 46 Was your vehicle available for use during off-duty hours? Yes No
- 47a Do you have evidence to support your deduction? Yes No

b If 'Yes,' is the evidence written?

Part IV Other Expenses. List below business expenses not included on lines 8 - 26 or line 30.

48 Total other expenses. Enter here and on page 1, line 27	48
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Schedule C (Form 1040) 1999

FDI20112 10/21/99

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Schedule C
(Form 1040)Profit or Loss from Business
(Sole Proprietorship)

OMB No. 1545-0074

1999
09Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

VIVIAN D BERT

Business or Profession, Including Product or Service (see instructions)

CLEANING SERVICE

Business Name, If No Separate Business Name, Leave Blank.

Social Security Number (SSN)

Enter Code from Instructions

812990

Employer ID Number (EIN), If Any

Address (include state or postal zone)
Name of Post Office, State, & ZIP Code
802 TENTH AVE
MIDDLETOWN, OH 45044F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►G Did you materially participate in the operation of this business during 1999? If 'No,' see instructions for limit on losses ... Yes No

H Did you start or acquired this business during 1999, check here ►

Part I Income

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "statutory employee" box on that form was checked, see the instructions and check here ►

2 Returns and allowances

3 Subtract line 2 from line 1

4 Net sales/goods sold (from line 42 on page 2)

1	5,500.
2	
3	5,500.
4	5,400.
5	
6	100.
7	100.

5 Gross profit. Subtract line 4 from line 3

6 Other income, including federal and state gasoline or fuel tax credit or refund

7 Gross income. Add lines 5 and 6

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	19 Pension and profit-sharing plans	19
9 Bad debts from sales or services (see instructions)	9	20 Rent or lease (see instructions):	
10 Car and truck expenses (see instructions)	10	a Vehicles, machinery, and equipment	20a
11 Commissions and fees	11	b Other business property	20b
12 Contribution	12	21 Repairs and maintenance	21
13 Depreciation and Section 179 expense deduction (not included in Part III) (see instructions)	13	22 Supplies (not included in Part III)	22
14 Group health benefit programs (other than on line 19)	14	23 Taxes and licenses	23
15 Insurance (other than health)	15	24 Travel, meals, and entertainment:	
16 Interest:		a Travel	24a
a Mortgages (paid to banks, etc)	16a	b Meals and entertainment	
b Other	16b	c Enter nondeductible amount included on line 24b (see instructions)	
17 Legal & professional services	17	d Subtract line 24c from line 24b	24d
18 Telephone expense	18	25 Utilities	25
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns		26 Wages (less employment credits)	26
29 Enter a credit (loss). Subtract line 28 from line 7		27 Other expenses (from line 48 on page 2)	27
30 Expenses for business use of your home. Attach Form 8829		28	
31 Net profit or (loss). Subtract line 30 from line 29.		29	100.
• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees; see instructions). Estates and trusts, enter on Form 1041, line 3.		30	
• If a loss, you must go on to line 32.		31	100.
32 If you have a loss, check the box that describes your investment in this activity (see instructions).		32a <input type="checkbox"/> All investment is at risk.	
• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees; see instructions). Estates and trusts, enter on Form 1041, line 3.		32b <input type="checkbox"/> Some investment is not at risk.	
• If you checked 32b, you must attach Form 6198.		Schedule C (Form 1040) 1999	

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

BERT 0006
BERT V. AK STEEL

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Schedule C (Form 1040) 1999 VIVIAN D BERT

Page 2

- | | | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------|-----------------------------------------------------|
| 33 | Method(s) used to value closing inventory: | <input checked="" type="checkbox"/> Cost | <input type="checkbox"/> Lower of cost or market | <input type="checkbox"/> Other (attach explanation) |
| 34 | Are there any changes in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation | | | |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | | | |
| 36 | Purchases less cost of items withdrawn for personal use | | | |
| 37 | Cost of labor. Do not include any amounts paid to yourself | | | |
| 38 | Materials and supplies | | | |
| 39 | Other costs | | | |
| 40 | Add lines 35 through 39 | | | |
| 41 | Inventory at end of year | | | |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4. | | | |
| | Information on Your Vehicle | | | |

Part IV **Information on Your Vehicle.** Complete this part Only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) _____

44 Of the total number of miles you drove your vehicle during 1999, enter the number of miles you used your vehicle for:
a Business _____ b Commuting _____ c Other _____

45 Do you (or your spouse) have another vehicle available for personal use? _____ Yes No

46 Was your vehicle available for use during off duty hours? _____ Yes No

47a Do you have evidence to support your deduction? _____ Yes No

b If 'Yes,' is the evidence written? Yes No

48 Total other expenses. Enter here and on page 1, line 27

Schedule C (Form 1040) 1980

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BERT V. AK STEEL

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Form 1040

U.S. Individual Income Tax Return

2000

(99) IRS use only — Do not write or staple in this space.

Label
(See instructions.)Use the
IRS logo.
Otherwise,
please print
or typePresidential
Election
Campaign
(See instructions.)

For the year Jan 1-Dec 31, 2000, or other tax year beginning

, 2000, ending

, 20

OMB No. 1545-0074

Your First Name MI Last Name
VIVIAN D BERT

If a Joint Return, Spouse's First Name MI Last Name

Home Address (number and street). If You Have a P O Box, See Instructions.

Apartment No.

1812 cherry street

City, Town or Post Office. If You Have a Foreign Address, See Instructions.

State ZIP Code

MIDDLETOWN OH 45044

Your Social Security Number

Spouse's Social Security Number

Important!
You must enter your social security number(s) above.► Note: Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ► Yes No Yes No**Filing Status**

- 1 Single
 2 Married filing joint return (even if only one had income)
 3 Married filing separate return. Enter spouse's SSN above & full name here ... ►
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ... ►
 5 Qualifying widow(er) with dependent child (year spouse died) ►). (See instructions.)

Exemptions

6a	<input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a	No. of boxes checked on 6a and 6b	1
b	<input type="checkbox"/> Spouse		
c Dependents:			
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you
MALIQUE	D BERT		Son <input checked="" type="checkbox"/>
d Total number of exemptions claimed		Add numbers carried on lines above	2

If more than
six dependents,
see instructions.Income
Attach Forms
W-2 and W-2G
here. Also attach
Form(s) 1099-R if
tax was withheld.If you did not
get a W-2, see
instructions.Enclose, but do
not attach, any
payment. Also,
please use
Form 1040-V.**Adjusted
Gross
Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	9,719
8a	Taxable interest. Attach Schedule B if required	8b	
9	b Tax-exempt interest. Do not include on line 8a		
10	Ordinary dividends. Attach Schedule B if required		
11	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)		
12	Alimony received		
13	Business income or (loss). Attach Schedule C or C-EZ		
14	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>		
15a	Total IRA distributions <input type="checkbox"/> 15a	b Taxable amount (see instrs)	
16a	Total pensions & annuities <input type="checkbox"/> 16a 2,790	b Taxable amount (see instrs)	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		
18	Farm income or (loss). Attach Schedule F		
19	Unemployment compensation		
20a	Social security benefits <input type="checkbox"/> 20a	b Taxable amount (see instrs)	
21	Other income. List type & amount (see instrs)		
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ►	22	13,527
23	IRA deduction (see instructions)	23	
24	Student loan interest deduction (see instructions)	24	
25	Medical savings account deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	81
28	Self-employed health insurance deduction (see instructions)	28	
29	Self-employed SEP, SIMPLE, and qualified plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid <input type="checkbox"/> Recipient's SSN ► <input type="checkbox"/> 31a		
32	Add lines 23 through 31a	32	81
33	Subtract line 32 from line 22. This is your adjusted gross income ►	33	13,446

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (2000)

FDIA0112 11/07/00

BERT 0008
BERT V. AK STEEL

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Form 1040 (2000) VIVIAN D BERT

Tax and Credits:

34 Amount from line 33 (adjusted gross income) 34 Page 2
 35a Check if: You were 65/older, Blind; Spouse was 65/older, Blind.
 Add the number of boxes checked above and enter the total here 35a 13,446.

Standard Deduction for Most People

Single: \$4,400

Head or household: \$6,450

Married filing jointly or Qualifying widow(er): \$7,350

Married filing separately: \$3,675

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here 35b
 36 Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent 36 6,450.
 37 Subtract line 36 from line 34 37 6,996.
 38 If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet in the instructions for the amount to enter 38 5,600.
 39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- 39 1,396.
 40 Tax (see instrs). Check if any tax is from a Form(s) 8814 b Form 4972 40 208.
 41 Alternative minimum tax. Attach Form 6251 41
 42 Add lines 40 and 41 42 208.
 43 Foreign tax credit. Attach Form 1116 if required 43
 44 Credit for child and dependent care expenses. Attach Form 2441 44
 45 Credit for the elderly or the disabled. Attach Schedule R 45
 46 Education credits. Attach Form 8863 46
 47 Child tax credit (see instructions) 47 208.
 48 Adoption credit. Attach Form 8839 48
 49 Other. Check if from a Form 3800 b Form 8396 c Form 8801 d Form (specify) 49

50 Add lines 43 through 49. These are your total credits 50 208.

51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- 51 0.

Other Taxes

52 Self-employment tax. Attach Schedule SE 52 162.

53 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 53

54 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required 54

55 Advance earned income credit payments from Form(s) W-2 55

56 Household employment taxes. Attach Schedule H 56

57 Add lines 51-56. This is your total tax 57 162.

Payments

If you have a qualifying child, attach Schedule EIC

58 Federal income tax withheld from Forms W-2 and 1099 58 601.

59 2000 estimated tax payments and amount applied from 1999 return 59

60a Earned income credit (EIC) 60a 2,211.

b Nontaxable earned income: amount and type 61

61 Excess social security and RRTA tax withheld (see instrs) 61

62 Additional child tax credit. Attach Form 8812 62

63 Amount paid with request for extension to file (see instructions) 63

64 Other payments. Check if from a Form 2439 b Form 4136 64

65 Add lines 58, 59, 60a, and 61 through 64. These are your total payments 65 2,812.

Refund

Have it directly deposited? See instructions and fill in 67b, 67c, and 67d.

66 If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid 66 2,650.

67a Amount of line 66 you want refunded to you 67a 2,650.

b Routing number c Type: Checking Savings

c Account number d Account number

68 Amount of line 66 you want applied to your 2001 estimated tax 68

Amount You Owe

69 If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see instructions 69

70 Estimated tax penalty. Also include on line 69 70

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature Date Your Occupation Daytime Phone Number FDIA0112 10/30/00

Spouse's Signature, if a Joint Return. Both Must Sign. Date Spouse's Occupation

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Preparer's SSN or PTIN

Date Check if self-employed

EIN

Phone No.

Paid Preparer's Use Only

Preparer's Signature Date

Firm's Name (or yours if self-employed), Address, and ZIP Code

Self-prepared

Form 1040 (2000)

BERT 0009
BERT V. AK STEEL

CONFIDENTIAL

Schedule EIC

(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) Shown on Return

Earned Income Credit Qualifying Child Information

Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

OMB No. 1345-0074

2000**43**

Your Social Security Number

VIVIAN D BERT**Before you begin:**

See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 60a and 60b, to make sure that (1) you can take the EIC and (2) you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.

Caution:

- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualifying Child Information**Child 1****Child 2**

1 Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit	First name MALIQUE Last name D BERT	First name _____ Last name _____
2 Child's SSN The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 2000. If your child was born and died in 2000 and did not have an SSN, enter 'Died' on this line and attach a copy of the child's birth certificate		
3 Child's year of birth	Year 1994 If born after 1981, skip lines 4a and 4b; go to line 5.	Year _____ If born after 1981, skip lines 4a and 4b; go to line 5.
4 If the child was born before 1982	<input type="checkbox"/> Yes. Go to line 5. <input type="checkbox"/> No. Continue	
a Was the child under age 24 at the end of 2000 and a student?	<input type="checkbox"/> Yes. Go to line 5. <input type="checkbox"/> No. Continue	
b Was the child permanently and totally disabled during any part of 2000?	<input type="checkbox"/> Yes. Continue <input type="checkbox"/> No. The child is not a qualifying child.	
5 Child's relationship to you (for example, son, daughter, grandchild, foster child, etc.)	Son	
6 Number of months child lived with you in the United States during 2000	12 months Do not enter more than 12 months.	
	months Do not enter more than 12 months.	

Do you want part of the EIC added to your take home pay in 2001? To see if you qualify, get Form W-5 from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2000

CONFIDENTIAL

**Schedule SE
(Form 1040)****Self-Employment Tax**

OMB No. 1545-0074

Department of the Treasury

Internal Revenue Service

(99)

Name of Person with Self-Employment Income (as shown on Form 1040)

VIVIAN D BERT

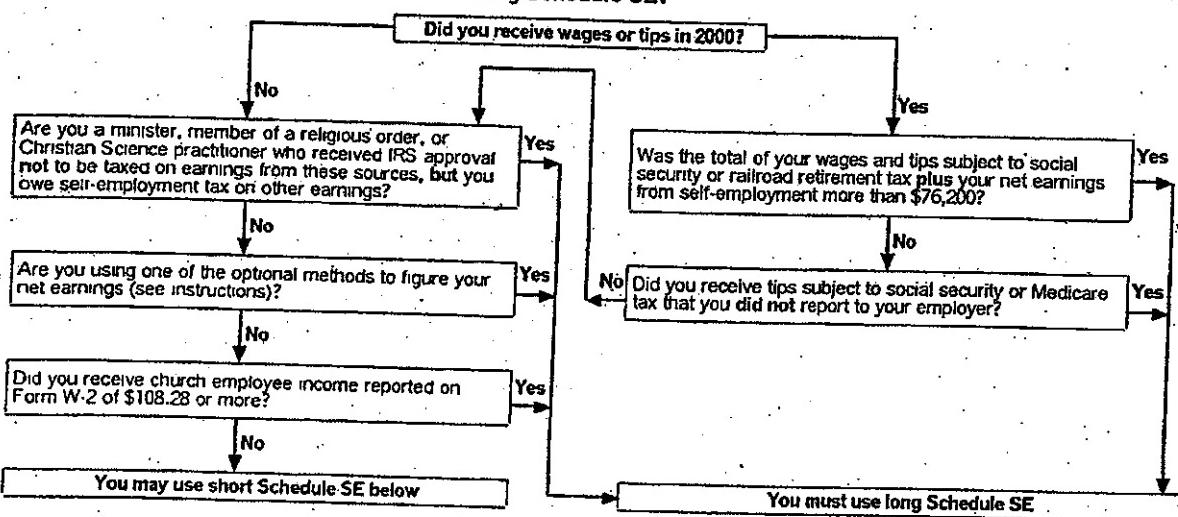
2000**17**Social Security Number of Person
with Self-Employment Income ►**Who Must File Schedule SE**

You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income. See instructions.

Note: Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE. See instructions.

Exception: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 52.

May I Use Short Schedule SE or Must I Use Long Schedule SE?**Section A – Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.**

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a.....	1
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2 1,143.
3 Combine lines 1 and 2	3 1,143.
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4 1,056.
5 Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none"> \$76,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 52. More than \$76,200, multiply line 4 by 2.9% (.029). Then, add \$9,448.80 to the result. Enter the total here and on Form 1040, line 52. 	5 162.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6 | 81 |

BAA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule SE (Form 1040) 2000

BERT 0011
BERT V. AK STEEL

Schedule C (Form 1040) 2000 VIVIAN D BERT

Page 2

- | | | |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Cost of Goods Sold (see instructions) | | |
| 33 | Method(s) used to value closing inventory: | a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation) |
| 34 | Is there any change in determining quantities, costs, or valuations between opening and closing inventory?
If 'Yes,' attach explanation | |
| 35 | Inventory at beginning of year. If different from last year's closing inventory,
attach explanation | |
| 36 | Purchases less cost of items withdrawn for personal use | |
| 37 | Grist of labor. Do not include any amounts paid to yourself | |
| 38 | Materials and supplies | |
| 39 | Other costs | |
| 40 | Add lines 35 through 39 | |
| 41 | Inventory at end of year | |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4. | |
| | | Information on page 1, line 4 |

Part VI **Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) _____

44 Of the total number of miles you drove your vehicle during 2000, enter the number of miles you used your vehicle for:
a Business _____ b Commuting _____ c Other _____

45 Do you (or your spouse) have another vehicle available for personal use? _____ Yes No

46 Was your vehicle available for use during off-duty hours? _____ Yes No

47a Do you have evidence to support your deduction? _____ Yes No

b If 'Yes,' is the evidence written? Yes No

48 Total other expenses. Enter here and on page 1, line 27

4

Schedule C (Form 1040) 2000

BERT 0012
BERT V. AK STEEL

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Schedule C
(Form 1040)**Profit or Loss from Business**
(Sole Proprietorship)

OMB No. 1545-0074

2000
09Department of the Treasury
Internal Revenue Service (99)Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

Name of Proprietor

VIVIAN D BERT

Social Security Number (SSN)

A Principal Business or Profession, Including Product or Service (see instructions)

B Enter Code from Instructions

BABY SITTING

C Business Name, If No Separate Business Name, Leave Blank

D Employer ID Number (EIN), If Any

E Business Address (including Suite or Room No.)
City, Town or Post Office, State, & ZIP Code
**1812 cherry street
MIDDLETOWN, OH 45044**F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►G Did you 'materially participate' in the operation of this business during 2000? If 'No,' see instructions for limit on losses ... Yes NoH If you started or acquired this business during 2000, check here **Part I Income**

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the Statutory employee box on that form was checked, see the instructions and check here	<input type="checkbox"/>	1	4,800.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	4,800.
4 Cost of goods sold (from line 42 on page 2)		4	1,782.
5 Gross profit. Subtract line 4 from line 3		5	3,018.
6 Other income, including federal and state gasoline or fuel tax credit or refund		6	
7 Gross income. Add lines 5 and 6		7	3,018.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	19 Pension and profit-sharing plans	19
9 Bad debts from sales or services (see instructions)	9	20 Rent or lease (see instructions): a Vehicles, machinery, and equipment	20a
10 Car and truck expenses (see instrs)	10	b Other business property	20b
11 Commissions and fees	11	21 Repairs and maintenance	21
12 Depletion	12	22 Supplies (not included in Part III)	22
13 Depreciation and Section 179 expense deduction (not included in Part III) (see instructions)	13	23 Taxes and licenses	23
14 Employee benefit programs (other than on line 19)	14	24 Travel, meals, and entertainment: a Travel	24a
15 Insurance (other than health)	15	b Meals and entertainment	
16 Interest: a Mortgage (paid to banks, etc)	16a	c Enter nondeductible amount included on line 24b (see instructions)	
b Other	16b	d Subtract line 24c from line 24b	24d
17 Legal & professional services	17	25 Utilities	25
18 Office expense	18	26 Wages (less employment credits)	26
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns		27 Other expenses (from line 48 on page 2)	27
29 Tentative profit (loss). Subtract line 28 from line 7		28	1,875.
30 Expenses for business use of your home. Attach Form 8829		29	1,143.
31 Net profit or (loss). Subtract line 30 from line 29.		30	
• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.		31	1,143.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

32 a All investment is at risk.32 b Some investment is not at risk.

Schedule C (Form 1040) 2000

CONFIDENTIAL

IT-104u

Ohio Income Tax Return

2000

For the year Jan 1 - Dec 31, 2000 or other taxable year ending

Name: First Name VIVIAN		Initial D	Last Name BERT	Your Social Security Number	Filing Status — check only one
If a Joint Return, Spouse's First Name 		Initial 	Last Name 	Spouse's Social Security No. 	<input checked="" type="checkbox"/> Single or Head of Household Married filing joint return Married filing separately, enter spouse's SSN
Home Address (number and street) 1812 cherry street		Apt Number 		Ohio County Butl	
Town or Post Office MIDDLE TOWN		State OH	ZIP Code 45044	Ohio Public School District Number 0906	
Ohio Residency Status (see instructions): <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident (state of residence) _____		<input type="checkbox"/> Part-year resident From _____ To _____		Ohio Political Party Fund Yes No Do you want \$1 to go to this fund? _____ If joint return, does your spouse want \$1 to go to this fund? _____ Note: Checking 'Yes' will not increase your tax or decrease your refund.	

Income

1 Federal adjusted gross income (from federal Form 1040, line 33; or 1040A, line 19; or 1040EZ, line 4; or 1040-TEL)	1	13,446.
2 Ohio adjustments (from line 44 on page 2 of this return)	2	
3 Ohio adjusted gross income (line 2 subtracted from or added to line 1)	3	13,446.
4 Multiply your personal and dependent exemptions 2 times \$1,100 and enter the result here	4	2,200.
5 Ohio taxable income (subtract line 4 from line 3)	5	11,246.

Tax and Credits

6 Ohio tax before credits (see tax tables)	6	138.
7 Credits from Schedule B (line 53 on page 2 of this return)	7	
8 Ohio tax less Schedule B credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	8	138.
9 Exemption Credit: Number of personal and dependent exemptions 2 times \$20	9	40.
10 Ohio tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	10	98.
11 Joint Filing Credit (see instructions and attach documentation) % times line 10 (Limit \$650)	11	
12 Ohio tax less Joint Filing Credit (subtract line 11 from line 10)	12	98.
13 Resident/Nonresident/Part-Year Credits (Schedules C or D) and Nonrefundable Business Credits (attach Schedule E)	13	
14 Ohio income tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero.)	14	98.
15 Interest penalty on underpayment of estimated tax. Check <input type="checkbox"/> if form IT-2210 is attached	15	
16 Ohio use tax (please see worksheet)	16	
17 Total Ohio tax (please add line 14, line 15, and line 16)	17	98.

Payments

18 Ohio tax withheld (box 18 on your W-2) (attach W-2's to page 2 of this form) ... Amount Withheld ► 18	18	151.
19 Ohio estimated tax, IT-40P payments for 2000, and 1999 overpayment credited to 2000	19	
20 Refundable Business Jobs Refundable Pass-through Entity Credit 20a _____ Credits 20b _____	Total of 20a and 20b .. 20	
21 Add lines 18, 19, and 20	21	151.

Refund or Amount You Owe

22 If line 21 is less than line 17, subtract line 21 from line 17. Attach payment made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> If you have paid or will pay with a credit card (see instructions)	Amount You Owe ► 22	
23 If line 21 is greater than line 17, subtract line 17 from line 21	Amount Overpaid ► 23	53.
24 Amount of line 23 you wish to donate for conservation of endangered species and wildlife diversity: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24.....	24	
25 Amount of line 23 you wish to donate for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25.....	25	
26 Amount of line 23 to be credited to 2001 estimated tax liability	Credit ► 26	
27 Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23)	Your Refund ► 27	53.

If the balance due is less than \$1.01 payment need not be made, and if the overpayment is less than \$1.01, no refund will be issued.
I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

OHIAS512 01/03/01

Your Signature		Date
Spouse's Signature (if filing jointly, both must sign) Phone number (optional) (513) 671-2300		
Preparer's Signature and address (including ZIP code) SELF-PREPARED		Preparer's Phone Number
Preparer's Address (including ZIP code)		

For Departmental Use Only	
Refund/Credit Requested — Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, Ohio 43270-2679	Payment Enclosed — Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, Ohio 43270-2057
18a	U

BERT 0014
BERT V. AK STEEL

CONFIDENTIAL

Form 1040 U.S. Individual Income Tax Return 2001		(99) IRS use only — Do not write or staple in this space.
Label (See instructions.)	For the year Jan 1 - Dec 31, 2001, or other tax year beginning _____, ending _____	
Use the IRS label. Otherwise, please print or type...	MI Last Name VIVIAN D BERT	OMB No. 1545-0074 Your Social Security Number
Presidential Election Campaigns (See instructions.)	If a Joint Return, Spouse's First Name MI Last Name MIDDLETOWN	Spouse's Social Security Number
Home Address (number and street). If You Have a P.O. Box, See Instructions. 1812 cherry street		Apartment No.
City, Town or Post Office. If You Have a Foreign Address, See Instructions. MIDDLETOWN		State ZIP Code OH 45044
<p>► Note: Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Filing Status	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing joint return (even if only one had income) 3 <input type="checkbox"/> Married filing separate return. Enter spouse's SSN above & full name here ... ► 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ► 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died -). (See instructions.)	
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. <input type="checkbox"/> Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ✓ if qualifying child for child tax credit (see instrs) MALIQUE D BERT Son <input checked="" type="checkbox"/> Add numbers entered on lines above ► 2	
If more than six dependents, see instructions.	No. of boxes checked on 6a and 6c No. of your children on 6c who: • lived with you 1 • did not live with you due to divorce or separation (see instrs) Dependents on 6c not entered above Add numbers entered on lines above ► 2	
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 8a Taxable interest. Attach Schedule B if required 8a b Tax-exempt interest. Do not include on line 8a 8b 9 Ordinary dividends. Attach Schedule B if required 9 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 7,795. 14 Other gains or (losses). Attach Form 4797 13 15a Total IRA distributions 15a 16a Total pensions & annuities 16a 2,821. b Taxable amount (see instrs) 15b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 16b 2,695. 18 Farm income or (loss). Attach Schedule F 17 19 Unemployment compensation 18 20a Social security benefits 20a b Taxable amount (see instrs) 19 21 Other income 20b 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. ► 22 10,490.	
Adjusted Gross Income	23 IRA deduction (see instructions) 23 24 Student loan interest deduction (see instructions) 24 25 Archer MSA deduction. Attach Form 8853 25 26 Moving expenses. Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 551. 28 Self-employed health insurance deduction (see instructions) 28 29 Self-employed SEP, SIMPLE, and qualified plans 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 Add lines 23 through 31a 32 551. 33 Subtract line 32 from line 22. This is your adjusted gross income ► 33 9,939.	
BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.		

FDIAQ112 12/10/01

Form 1040 (2001)

BERT 0015
BERT V. AK STEEL

CONFIDENTIAL

Form 1040 (2001) VIVIAN D BERT

Tax and Credits

Standard Deduction for -

- People who checked any box on line 35a or 35b or who can be claimed as a dependent see instructions.

• All others:
Single:
\$4,550

Head of household.
\$6,650

Married filing jointly or Qualifying widow(er),
\$7,600

Married filing separately,
\$3,800

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

FDIA0112 12/10/01

Refund

Direct deposit?
See instructions and fill in 68b, 68c, and 68d.

Amount You Owe

Third Party Designee

Sign Here

Joint return?
See instructions.

Keep a copy for your records.

Paid Preparer's Use Only

		Page 2 9,939.
34 Amount from line 33 (adjusted gross income)	34	
35a Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here	35b	<input type="checkbox"/>
36 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36	
37 Subtract line 36 from line 34	37	
38 If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet in the instructions	38	
39 Taxable income. Subtract line 38 from line 37.	39	
40 Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	
41 Alternative minimum tax (see instructions). Attach Form 6251	41	
42 Add lines 40 and 41	42	
43 Foreign tax credit. Attach Form 1116 if required	43	
44 Credit for child and dependent care expenses. Attach Form 2441	44	
45 Credit for the elderly or the disabled. Attach Schedule R	45	
46 Education credits. Attach Form 8863	46	
47 Rate reduction credit. See the worksheet	47	
48 Child tax credit (see instructions)	48	
49 Adoption credit. Attach Form 8839	49	
50 Other credits from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	50	
51 Add lines 43 through 50. These are your total credits	51	
52 Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-	52	
53 Self-employment tax. Attach Schedule SE	53	
54 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
55 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	55	
56 Advance earned income credit payments from Form(s) W-2	56	
57 Household employment taxes. Attach Schedule H	57	
58 Add lines 52-57. This is your total tax	58	
59 Federal income tax withheld from Forms W-2 and 1099	59	
60 2001 estimated tax payments and amount applied from 2000 return	60	
61a Earned Income credit (EIC)	61a	
b Nontaxable earned income	61b	
62 Excess social security and RRTA tax withheld (see instrs)	62	
63 Additional child tax credit. Attach Form 8812	63	
64 Amount paid with request for extension to file (see instructions)	64	
65 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65	
66 Add lines 59, 60, 61a, and 62 through 65. These are your total payments	66	
67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	
68a Amount of line 67 you want refunded to you	68a	
b Routing number	68b	
c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	68c	
d Account number	68d	
69 Amount of line 67 you want applied to your 2002 estimated tax	69	
70 Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions	70	
71 Estimated tax penalty. Also include on line 70	71	

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Phone No.

Personal Identification Number (PIN)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature

Date

Your Occupation

Daytime Phone Number

security guard

Spouse's Signature. If a Joint Return, Both Must Sign.

Date

Spouse's Occupation

Daytime Phone Number

Preparer's Signature

Date

Check if self-employed

Preparer's SSN or PTIN

Firm's Name (or yours if self-employed)
Address, and ZIP Code

EIN

Phone No.

Form 1040 (2001)

BERT 0016
BERT V. AK STEEL

CONFIDENTIAL

**Schedule C
(Form 1040)****Profit or Loss from Business
(Sole Proprietorship)**

OMB No. 1545-0074

**2001
09**Department of the Treasury
Internal Revenue Service (99)> Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
> Attach to Form 1040 or Form 1041. > See instructions for Schedule C (Form 1040).

Name of Proprietor

VIVIAN D BERT

A General Business or Profession, Including Product or Service (see instructions)

Cleaning Service

B Business Name, If No Separate Business Name, Leave Blank.

Social Security Number (SSN)

B Enter Code from Instructions

> 561720

D Employer ID Number (EIN), If Any

E Business Address (including suite or room no.)
City, Town or Post Office, State, and ZIP Code**1812 cherry street
MIDDLETOWN, OH 45044**F Accounting method: (1) Cash (2) Accrual (3) Other (specify) >G Did you "materially participate" in the operation of this business during 2001? If "No," see instructions for limit on losses... Yes NoH If you started or acquired this business during 2001, check here **Gross Income**

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see the instructions and check here.....	<input type="checkbox"/>	1	4,000.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	4,000.
4 Cost of goods sold (from line 42 on page 2)		4	
5 Gross profit. Subtract line 4 from line 3		5	4,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund		6	
7 Gross Income. Add lines 5 and 6	<input type="checkbox"/>	7	4,000.

Part II Expenses: Enter expenses for business use of your home only on line 30.

8 Advertising	8	19 Pension and profit-sharing plans	19
9 Bad debts from sales or services (see instructions)	9	20 Rent or lease (see instructions):	
10 Car and truck expenses (see instrs)	10	a Vehicles, machinery, and equipment	20a 625.
11 Commissions and fees	11	b Other business property	20b
12 Depletion	12	21 Repairs and maintenance	21
13 Depreciation and Section 179 expense deduction (not included in Part III) (see instructions)	13	22 Supplies (not included in Part III)	22 425.
14 Employee benefit programs (other than on line 19)	14	23 Taxes and licenses	23 125.
15 Insurance (other than health)	15	24 Travel, meals, and entertainment:	
16 Interest:		a Travel	24a
a Mortgage (paid to banks, etc)	16a	b Meals and entertainment	
b Other	16b	c Enter nondeductible amount included on line 24b (see instrs)	
17 Legal & professional services	17	d Subtract line 24c from line 24b	24d
18 Office expense	18	25 Utilities	25
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns		26 Wages (less employment credits)	26
29 Tentative profit (loss). Subtract line 28 from line 7		27 Other expenses (from line 48 on page 2)	27
30 Expenses for business use of your home. Attach Form 8829		28	1,775.
31 Net profit or (loss). Subtract line 30 from line 29.		29	2,225.
32 If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.		30	
If a loss, you must go to line 32.		31	2,225.

- If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you must go to line 32.
- 32 If you have a loss, check the box that describes your investment in this activity (see instructions).
 - If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
 - If you checked 32b, you must attach Form 6198.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

32a All investment is at risk.
 32b Some investment is not at risk.

Schedule C (Form 1040) 2001

CONFIDENTIAL

Schedule C (Form 1040) 2001 VIVIAN D BERT

Page 2

- | | | | | |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------|-------------------------------------------------------|
| 33 | Method(s) used to value closing inventory | a <input type="checkbox"/> Cost | b <input type="checkbox"/> Lower of cost or market | c <input type="checkbox"/> Other (attach explanation) |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If 'Yes,' attach explanation | | | |
| 35 | Inventory at beginning of year. If different from last year's closing inventory,
attach explanation | | | |
| 36 | Purchases less cost of items withdrawn for personal use | ..... |  |  |
| 37 | Cost of labor. Do not include any amounts paid to yourself | ..... |  |  |
| 38 | Materials and supplies | ..... |  |  |
| 39 | Other costs | ..... |  |  |
| 40 | Add lines 35 through 39 | ..... |  |  |
| 41 | Inventory at end of year | ..... |  |  |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 | ..... |  |  |
| Part IV | Information on Your Vehicle See instructions | | | |

Part IV **Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) _____

44 Of the total number of miles you drove your vehicle during 2001, enter the number of miles you used your vehicle for:
a Business _____ b Commuting _____ c Other _____

45 Do you (or your spouse) have another vehicle available for personal use? _____ Yes No

46 Was your vehicle available for personal use during off-duty hours? _____ Yes No

47a Do you have evidence to support your deduction? _____ Yes No

Part V Other Expenses. List below business expenses not included on lines 8 - 26 or line 30. Yes No

48. Total other expenses. Enter here and on page 1, line 27

CONFIDENTIAL

**Schedule C
(Form 1040)****Profit or Loss from Business
(Sole Proprietorship)**

OMB No. 1545-0074

2001**09**Department of the Treasury
Internal Revenue Service (99)► Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040).

Name of Proprietor

VIVIAN D BERT

Social Security Number (SSN)

A Principal Business or Profession, Including Product or Service (see instructions)

Home Care

B Enter Code from Instructions

C Business Name, If No Separate Business Name, Leave Blank.

► 621610

D Employer ID Number (EIN), If Any

E Current Address (including suite or room no.) ► 1812 cherry st.
City, or Post Office, State, and ZIP Code middletown Ohio 45044F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►G Did you 'materially participate' in the operation of this business during 2001? If 'No,' see Instructions for limit on losses ... Yes NoH If you started or acquired this business during 2001, check here Part I Income

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here	<input type="checkbox"/>	1	6,000.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	6,000.
4 Cost of goods sold (from line 42 on page 2)		4	
5 Gross profit. Subtract line 4 from line 3		5	6,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund		6	
7 Gross income. Add lines 5 and 6	<input type="checkbox"/>	7	6,000.

Part II Expenses: Enter expenses for business use of your home only on line 30.

8 Advertising	8	19 Pension and profit-sharing plans	19
9 Bad debts from sales or services (see instructions)	9	20 Rent or lease (see instructions):	
10 Car and truck expenses (see instrs)	10	a Vehicles, machinery, and equipment	20a
11 Commissions and fees	11	b Other business property	20b
12 Depletion	12	21 Repairs and maintenance	21
13 Depreciation and Section 179 expense deduction (not included in Part III) (see instructions)	13	22 Supplies (not included in Part III)	22
14 Employee benefit programs (other than on line 19)	14	23 Taxes and licenses	23
15 Insurance (other than health)	15	24 Travel, meals, and entertainment:	
16 Interest:		a Travel	24a
a Mortgage (paid to banks, etc)	16a	b Meals and entertainment	
b Other	16b	c Enter nondeductible amount included on line 24b (see instrs)	
17 Legal & professional services	17	25 Utilities	25
18 Office expense	18	26 Wages (less employment credits)	26
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns		27 Other expenses (from line 48 on page 2)	27
29 Tentative profit (loss). Subtract line 28 from line 7		<input type="checkbox"/>	28
30 Expenses for business use of your home. Attach Form 8829			350.
31 Net profit or (loss). Subtract line 30 from line 29		<input type="checkbox"/>	29
• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.			5,650.
• If a loss, you must go to line 32.		<input type="checkbox"/>	30
32 If you have a loss, check the box that describes your investment in this activity (see instructions).		<input type="checkbox"/>	
• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.		<input type="checkbox"/>	31
• If you checked 32b, you must attach Form 6198.		All investment is at risk.	5,650.
BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.		Some investment is not at risk.	

Schedule C (Form 1040) 2001

BERT 0019
BERT V. AK STEEL

Schedule C (Form 1040) 2001 VIVIAN O BERT

Page 2

Part III Cost of Goods Sold (see instructions)

- 33 Method(s) used to value closing inventory a Cost b Lower of cost or market c Other (attach explanation)
- 34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If 'Yes,' attach explanation Yes No
- 35 Inventory at beginning of year. If different from last year's closing inventory,
attach explanation **35**
- 36 Purchases less cost of items withdrawn for personal use **36**
- 37 Cost of labor. Do not include any amounts paid to yourself **37**
- 38 Materials and supplies **38**
- 39 Other costs **39**
- 40 Add lines 35 through 39 **40**
- 41 Inventory at end of year **41**
- 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 **42**

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ►
- 44 Of the total number of miles you drove your vehicle during 2001, enter the number of miles you used your vehicle for:
a Business b Commuting c Other
- 45 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 46 Was your vehicle available for personal use during off-duty hours? Yes No
- 47 a Do you have evidence to support your deduction? Yes No
b If 'Yes,' is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8 - 26 or line 30.

48 Total other expenses. Enter here and on page 1, line 27	48
------------------------------------------------------------	----

Schedule C (Form 1040) 2001

FD1Z0112 10/30/01

BERT 0020
 BERT V. AK STEEL

**Schedule SE
(Form 1040)****Self-Employment Tax**

OMB No. 1545-0074

2001

17

Department of the Treasury
Internal Revenue Service (99)

► See instructions for Schedule SE (Form 1040).

► Attach to Form 1040.

Name of Person with Self-Employment Income (as shown on Form 1040)

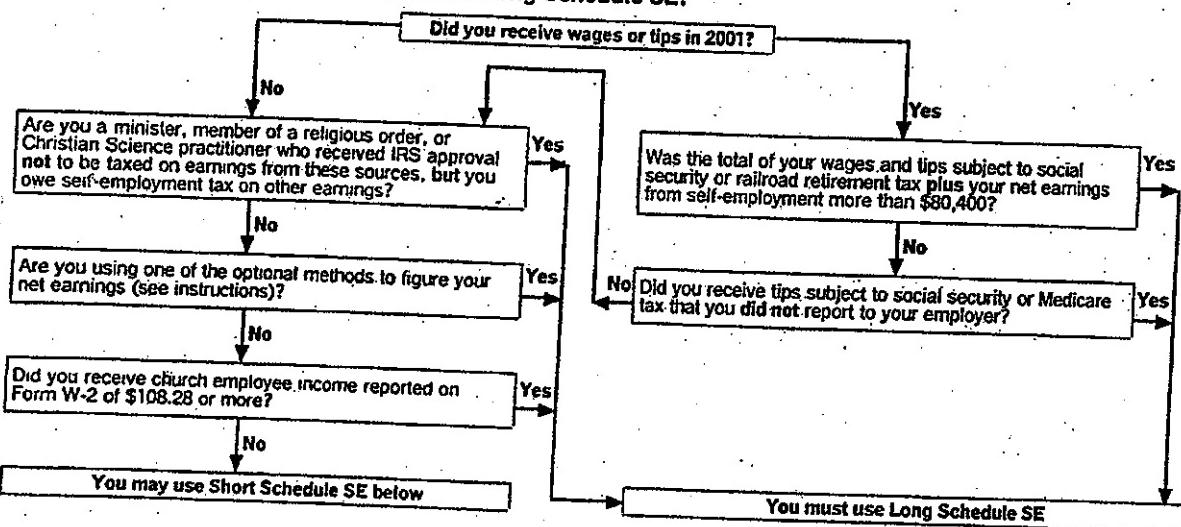
VIVIAN D BERTSocial Security Number of Person
with Self-Employment Income**Who Must File Schedule SE**

You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income. See instructions.

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE. See instructions.

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 53.

May I Use Short Schedule SE or Must I Use Long Schedule SE?**Section A — Short Schedule SE.** Caution: Read above to see if you can use Short Schedule SE.

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming) and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2 7,795.
3 Combine lines 1 and 2	3 7,795.
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4 7,199.
5 Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none"> • \$80,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 53. • More than \$80,400, multiply line 4 by 2.9% (.029). Then, add \$9,969.60 to the result. Enter the total here and on Form 1040, line 53. 	5 1,101.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6 | 551.

BAA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule SE (Form 1040) 2001

BERT 0021
BERT V. AK STEEL

CONFIDENTIAL

Schedule EIC
(Form 1040A or 1040)Dep't of the Treasury
Internal Revenue Service (99)
Name(s) Shown on Return**Earned Income Credit
Qualifying Child Information**Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

OMB No. 1545-0074

2001**43**

Your Social Security Number

VIVIAN D BERT**Before you begin:**See the instructions for Form 1040A, lines 39a and 39b, or Form 1040, lines 61a and 61b, to make sure that
(a) you can take the EIC and (b) you have a qualifying child.

- Caution:**
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
 - It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
 - Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualifying Child Information

	Child 1	Child 2
1 Child's name	First name MALIQUE	Last name D BERT
2 Child's SSN	The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 2001. If your child was born and died in 2001 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	
3 Child's year of birth	Year 1993	Year _____
4 If the child was born before 1983 –	If born after 1982, skip lines 4a and 4b; go to line 5.	
a Was the child under age 24 at the end of 2001 and a student?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue
b Was the child permanently and totally disabled during any part of 2001?	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, foster child, etc.)	Son	
6 Number of months child lived with you in the United States during 2001	12 months	months Do not enter more than 12 months.

TIP You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2001, (b) is claimed as your dependent on line 6c of Form 1040A or Form 1040, and (c) is a U.S. citizen or resident alien. For more details see the instructions for line 40 of Form 1040A or line 63 of Form 1040.

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 Instructions.

Schedule EIC (Form 1040A or 1040) 2001

CONFIDENTIAL

IT-1040

Ohio Income Tax Return

2001

For the year Jan 1 - Dec 31, 2001 or other taxable year ending

First Name VIVIAN	Initial D	Last Name BERT	Your Social Security Number	Filing Status — check only one
If a Joint Return, Spouse's First Name 			Spouse's Social Security No.	<input checked="" type="checkbox"/> Single or Head of Household
Address (number and street) 1812 cherry street			Apt Number Butl	Married filing joint return
City MIDDLETON			Ohio County OH 45044	Married filing separately, enter spouse's SSN
Ohio Residency Status (see instructions): <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident (state of residence)			Ohio Public School District Number (See pages 33-35.) ► 0906	Ohio Political Party Fund Yes No <input type="checkbox"/> X
Do you want \$1 to go to this fund? If joint return, does your spouse want \$1 to go to this fund?				
Note: Checking 'Yes' will not increase your tax or decrease your refund.				

Income

1 Federal adjusted gross income (from federal Form 1040, line 33; or 1040A, line 19; or 1040EZ, line 4; or 1040-TEL)	1	9,939.
2 Ohio adjustments (from line 45 on page 2 of this return)	2	
3 Ohio adjusted gross income (line 2 subtracted from or added to line 1)	3	9,939.
4 Multiply your personal and dependent exemptions 2 times \$1,150 and enter the result here	4	2,300.
5 Ohio taxable income (subtract line 4 from line 3)	5	7,639.
6 Tax on line 5 (see tax tables, pages 26-32)	6	76.
7 Credits from Schedule B (line 54 on page 2 of this return)	7	
8 Ohio tax less Schedule B credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	8	76.
9 Exemption Credit: Number of personal and dependent exemptions 2 times \$20.	9	40.
10 Ohio tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	10	36.
11 Joint Filing Credit (see instructions and attach documentation) % times line 10 (Limit \$650)	11	
12 Ohio tax less Joint Filing Credit (subtract line 11 from line 10)	12	36.
13 Resident/Nonresident/Part-Year Credits (Schedule C or D) and Nonrefundable Business Credits (attach Schedule E)	13	
14 Ohio income tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero.)	14	36.
15 Interest penalty on underpayment of estimated tax. Check <input type="checkbox"/> if form IT-2210 is attached	15	
16 Unpaid Ohio use Tax (please see worksheet on page 24) The amount you show on this line is part of your total income tax liability for this year.	16	
17 Total Ohio tax (add line 14, line 15, and line 16)	17	36.

Payments

18 Ohio tax withheld (box 17 on your W-2) (attach W-2s to page 2 of this form) Amount Withheld ► 18	
19 Ohio estimated tax, IT-40P payments for 2001, and 2000 overpayment credited to 2001	19
20 Refundable Business Jobs Refundable Pass-through Entity	Total of 20a and 20b ... 20
Credit 20a Credits 20b	Total Payments ► 21

Refund or Amount You Owe

22 If line 21 is less than line 17, subtract line 21 from line 17. Attach payment made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> if you have paid or will pay with a credit card (see instructions)	Amount You Owe ► 22
23 If line 21 is greater than line 17, subtract line 17 from line 21	Amount Overpaid ► 23
24 Amount of line 23 you wish to donate for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24	24
25 Amount of line 23 you wish to donate for conservation of endangered species and wildlife diversity: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25	25
26 Amount of line 23 to be credited to 2002 estimated tax liability	Credit ► 26
27 Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23)	Your Refund ► 27

If the balance due is less than \$1.01 payment need not be made, and if the overpayment is less than \$1.01, no refund will be issued.
I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

OHIA0512 01/14/02

Sign
Here

Your Signature

Date

Spouse's Signature (if filing jointly. Both must sign)

Phone Number (optional)

Preparer's Signature and address (including ZIP code)

Preparer's Phone Number

Preparer's Address (including ZIP code)

Self-Prepared

For Departmental Use Only

18a

U

No Payment Enclosed —
Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, Ohio 43270-2679

Payment Enclosed —
Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, Ohio 43270-2057

BERT 0023
BERT V. AK STEEL

Form 17-1040 : VIVIAN O BERT

Schedule A — Adjustments to Income (additions and deductions)

Additions — Add to the extent not included in federal adjusted gross income (line 1)

26 Add non-Ohio state or local government interest and dividends

28 •

29 Add pass-through entity addback

29 •

30 Add income from an electing small business trust (ESBT — see instructions)

30 •

31 Other check if from:

a Federal interest and dividends subject to state taxationb Accumulation distributions from a complex trustc Losses from sale or disposition of Ohio Public Obligationsd Non-medical withdrawals from an Ohio medical savings accounte Reimbursements previously deducted but not included in federal adjusted gross incomef Non-educational expenditures from college savings account NEW!

Total

31 Total additions (add lines 28, 29, 30, and 31)

31 •

Deductions — See limitations in instructions

32 •

33 Deduct federal interest and dividends exempt from state taxation

33 •

34 Deduct compensation earned in Ohio by full-year residents of neighboring states

34 •

35 Deduct state or municipal income tax overpayments (see instructions)

35 •

36 Deduct disability and survivorship benefits (does not include pension continuations)

36 •

37 Deduct qualifying social security benefits and some railroad benefits

37 •

38 Deduct contributions to a variable college savings account and/or purchase of tuition credits

38 •

39 Deduct tuition expenses paid to a qualified Ohio educational institution .. NEW!

39 •

40 Deduct unsubsidized health insurance/long term care insurance and excess medical expenses (see worksheet)

40 •

41 Deduct funds deposited into and earnings of a medical savings account for eligible medical expenses (see worksheet)

41 •

42 Deduct losses from an electing small business trust (ESBT — see instructions)

42 •

43 Other Check if:

a Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits

Interest income from Ohio Public Obligations and Ohio Purchase Obligations or gains from the sale or

disposition of Ohio Public Obligations.

c Refund or reimbursements of prior-year federal itemized deductions (from line 21 of Federal 1040)d Repayment of income reported in a prior yeare Amount contributed to an Individual Development Account

Total

44 Total deductions (add lines 33 through 43)

43 •

45 Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is less than line 44, enter the difference here and on line 2 as a negative amount

44 •

45 •

Schedule B — Credits

46 Retirement Income Credit (see instructions for credit table) (Limit — \$200)	45 •
47 Senior Citizen Credit (Limit — \$50 per return)	47 •
48 Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit)	48 •
49 Child and Dependent Care Credit (see instructions and worksheet)	49 •
50 Lump Sum Retirement Credit	50 •
51 Job Training Credit (see instructions and worksheet) (Limit — \$500)	51 •
52 Ohio Political Contributions Credit	52 •
53 Ohio Adoption Credit (Limit — \$500 per adoption)	53 •
54 Total credits (add lines 46 through 53) — enter here and on line 7	54 •

Schedule C — Ohio Resident

55 Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident	55 •
56 Enter Ohio adjusted gross income (line 3)	56 •
57 Divide line 55 by line 56 % Multiply by the amount on line 12	57 •
58 Enter the 2001 income tax less all related credits other than withholding and estimated tax payments and carryforwards from previous years paid to other states or the District of Columbia	58 •
59 Enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13 ...	59 •

List the state(s) other than Ohio with which you filed 2001 income tax returns

Schedule D — Nonresident/Part-Year Resident

60 Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio	60 •
61 Enter the Ohio adjusted gross income (line 3)	61 •
62 Divide line 60 by line 61 % Multiply by the amount on line 12. Enter here and on line 13	62 •

CHAB0512 01/04/02

BERT 0024
BERT V. AK STEEL

CONFIDENTIAL

Form 1040

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 2002

(99) IRS use only — Do not write or staple in this space.

Label
(See instructions.)Use the
IRS label.
Otherwise,
please print
or type.Presidential
Election
Campaign
(See instructions.)

For the year Jan 1 - Dec 31, 2002, or other tax year beginning		2002 ending	20	OMB No. 1545-0074
Your first name	MI	Last name		Your social security number
VIVIAN	D	BERT		
If a joint return, spouse's first name	MI	Last name		Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.		Apartment no.		▲ Important! ▲ You must enter your social security number(s) above.
1812 cherry street				
City, town or post office. If you have a foreign address, see instructions.		State	ZIP code	
MIDDLETOWN		OH	45044	

- Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You Spouse
 Yes No Yes No
- Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above & full name here ►
- 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
- 5 Qualifying widow(er) with dependent child (year spouse died ...). (See instructions.)

Check only one box.

Exemptions

6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.	No. of boxes checked on lines 6a and 6b		
b <input type="checkbox"/> Spouse	1		
c Dependents:	No. of children on lines 6a and 6b		
(1) First name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If qualifying child for child tax credit (see instrs)
MALIQUE D BERT		Son	<input checked="" type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see instrs) <input type="checkbox"/> dependents on CC not entered above
Add numbers on lines above ► 2			

If more than five dependents, see instructions.

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7
8a Taxable interest. Attach Schedule B if required	8a
b Tax-exempt interest. Do not include on line 8a	8b
9 Ordinary dividends. Attach Schedule B if required	9
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10
11 Alimony received	11
12 Business income or (loss). Attach Schedule C or C-EZ	12 8,120.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13
14 Other gains or (losses). Attach Form 4797	14
15a IRA distributions	15a
16a Pensions and annuities	16a 2,821
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
18 Farm income or (loss). Attach Schedule F	18
19 Unemployment compensation	19
20a Social Security benefits	20a
21 Other income	20b
22 Add the amounts in the far right column for lines 7 through 21. This is your total income.	22 8,120.
23 Educator expenses (see instructions)	23
24 IRA deduction (see instructions)	24
25 Student loan interest deduction (see instructions)	25
26 Tuition and fees deduction (see instructions)	26
27 Archer MSA deduction. Attach Form 8853	27
28 Moving expenses. Attach Form 3903	28
29 One-half of self-employment tax. Attach Schedule SE	29 574.
30 Self-employed health insurance deduction (see instructions)	30
31 Self-employed SEP, SIMPLE, and qualified plans	31
32 Penalty on early withdrawal of savings	32
33a Alimony paid b Recipient's SSN	33a
34 Add lines 23 through 33a	34
35 Subtract line 34 from line 22. This is your adjusted gross income	35 574.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0112 10/16/02

Form 1040 (2002)

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Form 1040 (2002) VIVIAN D BERT

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7,546.

Tax and Credits		36 Amount from line 35 (adjusted gross income).....	36	36
		37a Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here.....	37a	37a
		b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here.....	37b	37b
		38 Itemized deductions (from Schedule A) or your standard deduction (see left margin).....	38	6,900.
		39 Subtract line 38 from line 36	39	646.
		40 If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet in the instructions.....	40	6,000.
		41 Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-.....	41	0.
		42 Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972.....	42	0.
		43 Alternative minimum tax (see instructions). Attach Form 6251.....	43	0.
		44 Add lines 42 and 43	44	0.
Standard Deduction for -		45 Foreign tax credit. Attach Form 1116 if required	45	
• People who checked any box on line 3, 13, 23, or 37, or who can be claimed as a dependent see instructions.		46 Credit for child and dependent care expenses. Attach Form 2441	46	
• All others: Single, \$4,700		47 Credit for the elderly or the disabled. Attach Schedule R	47	
Head of household, \$6,900		48 Education credits. Attach Form 8863	48	
Married filing jointly or Qualifying widow(er), \$7,850		49 Retirement savings contributions credit. Attach Form 8880	49	
Married filing separately, \$3,925		50 Child tax credit (see instructions)	50	0.
		51 Adoption credit. Attach Form 8839	51	
		52 Credits from: a <input type="checkbox"/> Form 8856 b <input type="checkbox"/> Form 8859	52	
		53 Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	53	
		54 Add lines 45 through 53. These are your total credits	54	0.
		55 Subtract line 54 from line 44. If line 54 is more than line 44, enter -0-.....	55	0.
Other Taxes		56 Self-employment tax. Attach Schedule SE	56	1,147.
		57 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	57	
		58 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required.....	58	
		59 Advance earned income credit payments from Form(s) W-2	59	
		60 Household employment taxes. Attach Schedule H	60	
		61 Add lines 55-60. This is your total tax	61	1,147.
Payments		62 Federal income tax withheld from Forms W-2 and 1099	62	
If you have a qualifying child, attach Schedule EIC.		63 2002 estimated tax payments and amount applied from 2001 return	63	
		64 Earned income credit (EIC)	64	2,506.
		65 Excess social security and tier 1 RRTA tax withheld (see instructions)	65	
		66 Additional child tax credit. Attach Form 8812	66	
		67 Amount paid with request for extension to file (see instructions)	67	
		68 Other pmts from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	68	
		69 Add lines 62 through 68. These are your total payments	69	2,506.
Refund		70 If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid	70	1,359.
Direct deposit? See instructions and fill in 71b, 71c, and 71d.		71a Amount of line 70 you want refunded to you	71a	1,359.
		b Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		d Account number		
Amount You Owe		72 Amount of line 70 you want applied to your 2003 estimated tax	72	
		73 Amount you owe. Subtract line 69 from line 61. For details on how to pay, see instructions	73	
Third Party Designee		74 Estimated tax penalty (see instructions)	74	
		Do you want to allow another person to discuss this return with the IRS (see instructions)?	<input type="checkbox"/> Yes. Complete the following.	<input checked="" type="checkbox"/> No.
		Designer's name	Phone no.	Personal identification number (PIN)
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions.		Your signature	Date	Your occupation. SECURITY GUARD Daytime phone number
Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
Paid Preparer's Use Only		Preparer's signature	Date	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN
		Firm's name (or yours if self-employed) address, and ZIP code		EIN
				Phone no.

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SCHEDULE C
(Form 1040)Profit or Loss from Business
(Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)> Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
Attach to Form 1040 or 1041. See instructions for Schedule C (Form 1040).

2002

09

Social security number (SSN)

Name of proprietor

VIVIAN D BERT

A Your business or profession, including product or service (see instructions)

Home Care

B Enter code from instructions

C Same name, if no separate business name, leave blank.

Home Care Inc.

621610

D Employer ID number (EIN), if any

E Business address (including suite or room no.) > 1812 cherry st
City, town or post office, state, and ZIP code middletown Ohio 45044F Accounting method: (1) Cash (2) Accrual (3) Other (specify) >G Did you 'materially participate' in the operation of this business during 2002? If 'No,' see instructions for limit on losses ... Yes NoH If you started or acquired this business during 2002, check here

Part I Income

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here	<input type="checkbox"/>	11,250.
2 Returns and allowances	1	
3 Subtract line 2 from line 1	2	
4 Cost of goods sold (from line 42 on page 2)	3	11,250.
5 Gross profit. Subtract line 4 from line 3	4	
6 Other income, including Federal and state gasoline or fuel tax credit or refund	5	11,250.
7 Gross income. Add lines 5 and 6	6	
	7	11,250.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	19 Pension and profit-sharing plans	19
9 Bad debts from sales or services (see instructions)	9	20 Rent or lease (see instructions):	
10 Car and truck expenses (see instructions)	10	a Vehicles, machinery, and equipment	20a 725.
11 Commissions and fees	11	b Other business property	20b 655.
12 Depletion	12	21 Repairs and maintenance	21 250.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	22 Supplies (not included in Part III)	22 425.
14 Employee benefit programs (other than on line 19)	14	23 Taxes and licenses	23
15 Insurance (other than health)	15	24 Travel, meals, and entertainment:	
16 Interest:		a Travel	24a
a Mortgage (paid to banks, etc)	16a	b Meals and entertainment	
b Other	16b	c Enter nondeductible amount included on line 24b (see instrs)	
17 Legal & professional services	17	d Subtract line 24c from line 24b	24d
18 Office expense	18	25 Utilities	25 325.
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	750.	26 Wages (less employment credits)	26
29 Tentative profit (loss). Subtract line 28 from line 7		27 Other expenses (from line 48 on page 2)	27
30 Expenses for business use of your home. Attach Form 8829		28	3,130.
31 Net profit or (loss). Subtract line 30 from line 29.		29	8,120.
32 If you have a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.		30	
• If a loss, you must go to line 32.		31	8,120.
32 If you have a loss, check the box that describes your investment in this activity (see instructions).			
• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.			
• If you checked 32b, you must attach Form 6198.			

BAA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

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- 32a All investment is at risk.
 32b Some investment is not at risk.

Schedule C (Form 1040) 2002

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Schedule C (Form 1040) 2002 VIVIAN D BERT

Page 2

Part I Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34 Are there any changes in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

- 43 When did you place your vehicle in service for business purposes? (month, day, year)
- 44 Of the total number of miles you drove your vehicle during 2002, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting _____ c Other _____
- 45 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 46 Was your vehicle available for personal use during off-duty hours? Yes No
- 47 a Do you have evidence to support your deduction?
 b If 'Yes,' is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8 - 26 or line 30. Yes No

48 Total other expenses. Enter here and on page 1, line 27	48
------------------------------------------------------------	----

Schedule C (Form 1040) 2002

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SCHEDULE SE
(Form 1040)**Self-Employment Tax**

OMB No. 1545-0074

2002**17**Dept. of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040. ► See instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)

VIVIAN D BERT

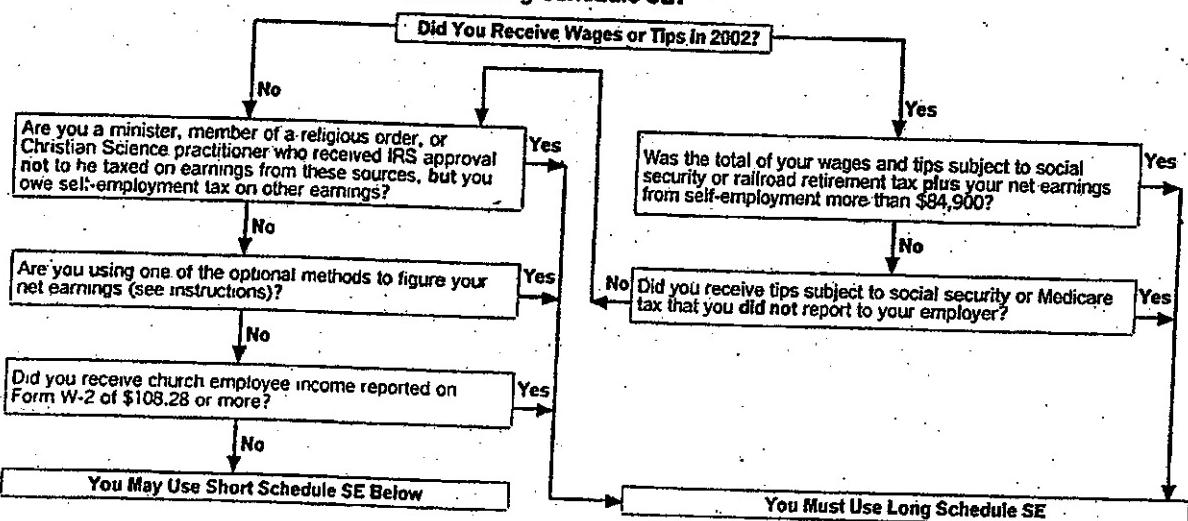
Social security number of person
with self-employment income ►**Who Must File Schedule SE**

You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income. See instructions.

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE. See instructions.

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 56.

May I Use Short Schedule SE or Must I Use Long Schedule SE?**Section A -- Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2	8,120.
3 Combine lines 1 and 2	3	8,120.
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	7,499.
5 Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none"> \$84,900 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56. More than \$84,900, multiply line 4 by 2.9% (.029). Then, add \$10,527.60 to the result. Enter the total here and on Form 1040, line 56. 	5	1,147.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 29	6	574.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2002

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Federal Carryover Worksheet page 2

2002

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Credit Carryovers		2001	2002	
23 General business credit	23			
24 Adoption credit from:	a 2002	24a	
	b 2001	b .....	.....
	c 2000	c .....	.....
	d 1999	d .....	.....
	e 1998	e .....	.....
	f 1997	f .....	.....
25 Mortgage interest credit from:	a 2002	25a .....	.....
	b 2001	b .....	.....
	c 2000	c .....	.....
	d 1999	d .....	.....
26 Credit for prior year minimum tax	26			
27 Reserved for future use	27 .....	.....	.....
Other Carryovers		2001	2002	
28 Reserved for future use	28 .....	.....	.....
29 Section 179 expense deduction disallowed	29 .....	.....	.....
30 Excess foreign housing deduction:	a Taxpayer (Form 2555, line 44)	30a .....	.....
	b Taxpayer (Form 2555, line 46)	b .....	.....
	c Spouse (Form 2555, line 44)	c .....	.....
	d Spouse (Form 2555, line 46)	d .....	.....
31 Amount overpaid less earned income credit	31	0 .....	.....
Charitable Contribution Carryovers				
32 2001 Carryover of charitable contributions from:	Other Property		Capital Gain	
	(a) 50%	(b) 30%	(c) 30%	(d) 20%
a 2001
b 2000
c 1999
d 1998
e 1997
33 2002 Carryover of charitable contributions from:	Other Property		Capital Gain	
	(a) 50%	(b) 30%	(c) 30%	(d) 20%
a 2002
b 2001
c 2000
d 1999
e 1998

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Two-Year Comparison

2002

	2001	2002	Difference	%
Income				
Wages, salaries, tips, etc				
Interest and dividend income				
Business income (loss)	7,795.	8,120.	325.	4.17
Capital gain (loss)				
IRA distributions				
Pensions and annuities	2,695.	0.	-2,695.	-100.00
Rents, royalties, partnerships, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	10,490.	8,120.	-2,370.	-22.59
Adjustments to Income	551.	574.	23.	4.17
Adjusted Gross Income	9,939.	7,546.	-2,393.	-24.08
Deductions and Exemptions	2001	2002	Difference	%
Medical and dental				
Taxes paid				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions				
Total Itemized Deductions	6,650.	6,900.	250.	3.76
Standard or Itemized Deduction	5,800.	6,000.	200.	3.45
Taxable Income	0.	0.	0.	
Tax	0.	0.	0.	
Additional taxes				
Alternative minimum tax				
Total Income Taxes	0.	0.	0.	
Nonbusiness credits		0.	0.	
Business credits				
Total Credits		0.	0.	
Self-employment tax	1,101.	1,147.	46.	4.18
Other taxes				
Total Tax After Credits	1,101.	1,147.	46.	4.18
Withholding				
Estimated payments				
Other payments	2,428.	2,506.	78.	3.21
Total Payments	2,428.	2,506.	78.	3.21
Form 2210 penalty				
Applied to next year's estimated tax				
Amount Refund	1,327.	1,359.	32.	2.41
Amount Due				
Current year effective tax rate				-33.21%

BERT 0031
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SCHEDULE EIC
(Form 1040A or 1040)**Earned Income Credit**
Qualifying Child Information

OMB No. 1545-0074

2002**43**Dept. of the Treasury
Internal Revenue Service (99)
Name(s) shown on returnComplete and attach to Form 1040A or 1040
only if you have a qualifying child.

Your social security number

VIVIAN D BERT**Before you begin:** See the instructions for Form 1040A, line 41, or Form 1040, line 64, to make sure that
(a) you can take the EIC and (b) you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.

CAUTION: • It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualifying Child Information**Child 1****Child 2**

1 Child's name	First name MALIQUE	Last name D BERT	First name	Last name
If you have more than two qualifying children, you only have to list two to get the maximum credit.				
2 Child's SSN				
The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 2002. If your child was born and died in 2002 and did not have an SSN, enter 'Died' on this line and attach a copy of the child's birth certificate.				
3 Child's year of birth	Year 1994		Year _____	
If born after January 1, 1984, skip lines 4a and 4b; go to line 5.				
4 If the child was born before January 2, 1984 --	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue
a Was the child under age 24 at the end of 2002 and a student?				
b Was the child permanently and totally disabled during any part of 2002?	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son			
6 Number of months child lived with you in the United States during 2002	12 months			
Do not enter more than 12 months.				

TIP You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2002, (b) is claimed as your dependent on line 6c of Form 1040A or Form 1040, and (c) is a U.S. citizen or resident alien. For more details see the instructions for line 42 of Form 1040A or line 66 of Form 1040.

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2002

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Page 3

Part VII -- State Filing Information

Enter state of residence as of December 31, 2002 OH
Check the appropriate box: Resident entire year
Resident part of year
Date you established residence in state above
In which state (or foreign country) did you reside before this change?
If you live in one of the New York counties as indicated in Help, check this box

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Page 2

Information for the Earned Income Credit Only:

The questions below must be answered to calculate EIC.

- Is the taxpayer or spouse a qualifying child for EIC for another person? ► Yes No
- Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2002? ► Yes No
- Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2002 ►
- Check if EIC was disallowed or reduced in a previous year and you are required to file Form 8862 this year ►
- Notified by the IRS that EIC cannot be claimed in 2002 ►

Part IV – Direct Deposit or Direct Debit Information

- Do you want to elect direct deposit of any federal tax refund? ► Yes No
- Do you want to elect direct debit of federal balance due (Electronic Filing only)? ► Yes No
- If you selected either of the options above, fill out the information below:
- Name of financial institution (optional) ► mid-first credit union
- Check the appropriate box ► Checking Savings
- Routing number ► Account number ►
- Enter the following information only if you are requesting direct debit of balance due:
- Enter the payment date to withdraw from the account above ►
- Balance-due amount from this return ►

Part V – Standard Deduction/Itemized Deductions

- Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ►
- Check this box if you are married filing separately and your spouse itemized deductions ►
- Check this box to take the standard deduction even if less than itemized deductions ►
- Taxpayer Information:**
- Can someone (such as your parent) claim you as a dependent? ► Yes No
- If so, is spouse actually claimed as a dependent on that person's tax return? ► Yes No
- Do you qualify as disabled for Schedule R? See Help ► Yes No
- Check if taxpayer is legally blind ► Yes No
- If decedent's return, enter taxpayer's date of death ► (mm/dd/yyyy)

Spouse Information:

- Can someone (such as your parent) claim you as a dependent? ► Yes No
- If so, is spouse actually claimed as a dependent on that person's tax return? ► Yes No
- Do you qualify as disabled for Schedule R? See Help ► Yes No
- Check if spouse is legally blind ► Yes No
- If decedent's return, enter spouse's date of death ► (mm/dd/yyyy)

Part VI. – Other Information for Your Tax Return

Third Party Designee:

- Do you want to allow another person to discuss this return with the IRS? ► Yes No
- If Yes, complete the following:
- Third party designee name ►
- Third party designee phone number ► Personal identification number ►

- Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ ►
- Check this box if you are a dual-status alien ►
- Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (See Help) ► Yes No

Excludable income of bona fide residents of American Samoa, Guam, or
the Commonwealth of the Northern Mariana Islands ►

Excludable income from Puerto Rico ►

Foreign Tax Credit (Form 1116):

- Check this box to file Form 1116 even if you're not required to file Form 1116 ►
- Resident country ► USA

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Form IT-1040 VIVIAN D BERT

Schedule A – Adjustments to Income (additions and deductions)

Additions – Add to the extent not included in federal adjusted gross income (line 1)

28 Add non-Ohio state or local government interest and dividends	28*	<input type="text"/>
29 Add pass-through entity addback	29*	<input type="text"/>
30 Add income from an Electing Small Business Trust (ESBT – see instructions)	30*	<input type="text"/>

31 Other check if from:

- a Federal interest and dividends subject to state taxation
- b Reimbursement of college tuition expenses and fees deducted in any previous year(s)
- c Losses from sale or disposition of Ohio Public Obligations
- d Non-medical withdrawals from an Ohio medical savings account
- e Reimbursements previously deducted but not included in federal adjusted gross income
- f Non-education expenditures from college savings account
- g Add back 5/6ths of the depreciation expense adjustment for IRC Sec 168(k) bonus depreciation

NEW

Total

31*

32 Total additions (add lines 28, 29, 30, and 31)	32*	<input type="text"/>
---------------------------------------------------------	-----	----------------------

Deductions – See Limitations in Instructions

33 Deduct federal interest and dividends exempt from state taxation	33*	<input type="text"/>
34 Deduct compensation earned in Ohio by full-year residents of neighboring states	34*	<input type="text"/>
35 Deduct state or municipal income tax overpayments (see instructions)	35*	<input type="text"/>
36 Deduct disability and survivorship benefits (does not include pension continuations)	36*	<input type="text"/>
37 Deduct qualifying social security benefits and some railroad benefits	37*	<input type="text"/>
38 Deduct contributions to a variable college savings account and/or purchases of tuition credits	38*	<input type="text"/>
39 Deduct tuition expenses paid to a qualified Ohio educational institution	39*	<input type="text"/>
40 Deduct unsubsidized health insurance/long term care insurance and excess medical expenses (see worksheet)	40*	<input type="text"/>
41 Deduct funds deposited into and earnings of a medical savings account for eligible medical expenses (see worksheet)	41*	<input type="text"/>
42 Deduct losses from an Electing Small Business Trust (ESBT – see instructions)	42*	<input type="text"/>

43 Other Check if:

- a Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits
- b Interest income from OH Public Obligations and OH Purchase Obligations or gains from the sale or disposition of OH Public Obligations
- c Refund or reimbursement of prior-year federal itemized deductions (from line 21 of Federal 1040)
- d Repayment of income reported in a prior year
- e Amount contributed to an Individual Development Account
- f Deduct 1/5th of the depreciation expense adjustment for IRC Section 168(k) bonus depreciation

NEW

Total

43*

44 Total deductions (add lines 33 through 43)	44*	<input type="text"/>
-----------------------------------------------------	-----	----------------------

45 Net adjustments – If line 32 is greater than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is less than line 44, enter the difference here and on line 2 as a negative amount	45*	<input type="text"/>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----	----------------------

Schedule B – Credits

46 Retirement Income Credit (see instructions for credit table) (Limit – \$200)	46*	<input type="text"/>
47 Senior Citizen Credit (Limit – \$50 per return)	47*	<input type="text"/>
48 Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit)	48*	<input type="text"/>
49 Child and Dependent Care Credit (see instructions and worksheet)	49*	<input type="text"/>
50 Lump Sum Retirement Credit	50*	<input type="text"/>
51 Job Training Credit (see instructions and worksheet) (Limit – \$500 single; \$1,000 joint, if both spouses qualify)	51*	<input type="text"/>
52 Ohio Political Contributions Credit	52*	<input type="text"/>
53 Ohio Adoption Credit (Limit – \$500 per adoption)	53*	<input type="text"/>
54 Total credits (add lines 46 through 53) – enter here and on line 7	54*	<input type="text"/>

Schedule C – Ohio Resident

55 Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident	55*	<input type="text"/>
56 Enter Ohio adjusted gross income (line 3)	56	<input type="text"/>
57 Divide line 55 by line 56 % Multiply by the amount on line 12	57	<input type="text"/>
58 Enter the 2002 income tax less all related credits other than withholding and estimated tax payments and carry-forwards from previous years paid to other states or the District of Columbia	58*	<input type="text"/>
59 Enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13	59	<input type="text"/>

List the state(s) other than Ohio with which you filed 2002 income tax returns

Schedule D – Nonresident/Part-Year Resident

60 Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio	60*	<input type="text"/>
61 Enter the Ohio adjusted gross income (line 3)	61	<input type="text"/>
62 Divide line 60 by line 61 % Multiply by the amount on line 12. Enter here and on line 13	62	<input type="text"/>

OHIA0512 12/26/02

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ATTACH W-2 FORMS HERE

CONFIDENTIAL

VIVIAN D BERT

Page 2

Part VI — Other Information**Ohio Political Party Fund (Note: Checking 'Yes' will not increase your tax or decrease your refund.)**

Do you want \$1 to go to this fund? Yes No
 If joint return, does your spouse want \$1 to go to this fund? Yes No

Farmer/Fisherman

If at least 2/3 of your current year gross income was from farming or fishing, check this box
 If above farmer box is checked and return will be filed and tax due paid by March 3, 2003, check here

Pay by Credit Card

Have paid or will pay with a credit card IT-1040, IT-1040EZ SD-100

Part VII — Electronic Filing InformationCheck if you want next year's Ohio income tax booklet mailed to you. **Part VIII — Direct Deposit Information**Do you want to elect direct deposit of state tax refund (Electronic Filing Only)? ... ► Yes No

Enter the following information if you want to directly deposit any state tax refund:

Name of Financial Institution (optional)

Check the appropriate box:

Checking

Routing number



Savings

Account number

**Part IX — Extension Status****Form IT-1040, Income Tax Return**Has the tax return due date been extended for a four month extension? ► Yes No Has the tax return due date been extended for a six month extension? ► Yes No

Extended due date

Form SD-100, School District Income Tax ReturnHas the tax return due date been extended for a four month extension? ► Yes No Has the tax return due date been extended for a six month extension? ► Yes No

Extended due date

OHW1201.SCR 01/01/03

 BERT 0037
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Form 1040 U.S. Individual Income Tax Return 2003		(99) IRS Use Only — Do not write or staple in this space.
Label (See instructions.)	Department of the Treasury — Internal Revenue Service For the year Jan 1 - Dec 31, 2003, or other tax year beginning , 2003, ending , 20 OMB No. 1545-0074 Your first name MI Last name Your social security number VIVIAN D BERT	
Use the IRS label. Otherwise, please initial or type.	If a joint return, spouse's first name MI Last name Spouse's social security number	
Presidential Election Campaign (See instructions.)	Home address (number and street). If you have a P.O. box, see instructions. Apartment no. 1812 cherry street State ZIP code MIDDLETON OH 45044	
<p>Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? □ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>► Important! You must enter your social security number(s) above.</p>		
Filing Status	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here . □	
Exemptions	4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . □ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child. (See instructions.)	
If more than five dependents, see instructions.	No. of boxes checked on lines 6a and 6b 1 No. of children on line 6c who: • lived with you 1 • did not live with you due to divorce or separation (see instrs) Dependents on line 6c not entered above Add numbers on lines above 2	
d Total number of exemptions claimed 2		
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 8a Taxable interest. Attach Schedule B if required 8a b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a b Qualified stocks (see instrs) 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13a Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here 13a b If box on 13a is checked, enter post-Key 3 capital gain distributions 13b 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount (see instrs) 15b 16a Pensions and annuities 16a b Taxable amount (see instrs) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount (see instrs) 20b 21 Other income 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. □ 22 11,918.	
Adjusted Gross Income	23 Educator expenses (see instructions) 23 24 IRA deduction (see instructions) 24 25 Student loan interest deduction (see instructions) 25 26 Tuition and fees deduction (see instructions) 26 27 Moving expenses. Attach Form 3903 27 28 One-half of self-employment tax. Attach Schedule SE 28 29 Self-employed health insurance deduction (see instrs) 29 30 Self-employed SEP, SIMPLE, and qualified plans 30 31 Penalty on early withdrawal of savings 31 32a Alimony paid b Recipient's SSN 32a 33 Add lines 23 through 32a 33 34 Subtract line 33 from line 22. This is your adjusted gross income 34 635. 11,283.	
BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.		

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Form 1040 (2003) VIVIAN D BERT		Page 2 11,283.	
Tax and Credits		35 Amount from line 34 (adjusted gross income) 35	
Standard Deduction for —		36a Check <input type="checkbox"/> You were born before January 2, 1939, if: Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes <input type="checkbox"/> Blind. checked ► 36a	
• People who checked my box on line 37a or 36b or who can be claimed as a dependent see instructions.		b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here ► 36b <input type="checkbox"/>	
• All others: Single or Married filing separately, \$4,750		37 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 37 8,101.	
Married filing jointly or Qualifying widow(er), \$9,500		38 Subtract line 37 from line 35 38 3,182.	
Head of household, \$7,000		39 If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet in the instructions 39 6,100.	
		40 Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0 40 0.	
		41 Tax (see instr). Check if any tax is from a <input type="checkbox"/> Form(s) 8314 b <input type="checkbox"/> Form 4972 41 0.	
		42 Alternative minimum tax (see instructions). Attach Form 6251 42 0.	
		43 Add lines 41 and 42 43 0.	
		44 Foreign tax credit. Attach Form 1116 if required 44	
		45 Credit for child and dependent care expenses. Attach Form 2441 45	
		46 Credit for the elderly or the disabled. Attach Schedule R 46	
		47 Education credits. Attach Form 8863 47	
		48 Retirement savings contributions credit. Attach Form 8880 48	
		49 Child tax credit (see instructions) 49 0.	
		50 Adoption credit. Attach Form 8839 50	
		51 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 51	
		52 Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify 52	
		53 Add lines 44 through 52. These are your total credits 53	
		54 Subtract line 53 from line 43. If line 53 is more than line 43, enter -0 54	
Other Taxes		55 Self-employment tax. Attach Schedule SE 55 0.	
		56 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 56 1,270.	
		57 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required 57	
		58 Advance earned income credit payments from Form(s) W-2 58	
		59 Household employment taxes. Attach Schedule H 59	
		60 Add lines 54-59. This is your total tax 60 1,270.	
Payments		61 Federal income tax withheld from Forms W-2 and 1099 61	
If you have a qualifying child, attach Schedule EIC.		62 2003 estimated tax payments and amount applied from 2002 return 62	
		63 Earned Income credit (EIC) 63 2,547.	
		64 Excess social security and tier 1 RRTA tax withheld (see instructions) 64	
		65 Additional child tax credit. Attach Form 8812 65	
		66 Amount paid with request for extension to file (see instructions) 66	
		67 Other pmts from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 67	
		68 Add lines 61 through 67. These are your total payments 68 2,547.	
Refund		69 If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid 69 1,277.	
Direct deposit? See instructions and fill in 70b, 70c, and 70d.		70a Amount of line 69 you want refunded to you ► b Routing number ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings 70a 1,277.	
		d Account number	
		71 Amount of line 69 you want applied to your 2004 estimated tax 71	
		72 Amount you owe. Subtract line 68 from line 60. For details on how to pay, see instructions 72	
		73 Estimated tax penalty (see instructions) 73	
Third Party Designee		Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes, Complete the following. <input checked="" type="checkbox"/> No Personal identification number (PIN)	
Sign Here		Designee's name ► Phone no. ►	
Joint return? See instructions.		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Keep a copy for your records.		Your signature Date Your occupation SECURITY GUARD Daytime phone number	
		Spouse's signature. If a joint return, both must sign. Date Spouse's occupation	
Paid Preparer's Use Only		Preparer's signature Date Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN	
		Firm's name (or yours if self-employed), address, and ZIP code ► Self-Prepared EIN	
		Phone no.	

BERT 0039

CONFIDENTIAL

SCHEDULE A
(Form 1040)**Itemized Deductions**

OMB No. 1545-0074

2003
07Dept. of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

Your social security number

VIVIAN D BERT

Medical and Dent'l Expenses		Caution. Do not include expenses reimbursed or paid by others.	
1	Medical and dental expenses (see instructions)	2	Enter amount from Form 1040, line 35
3	Multiply line 2 by 7.5% (.075)	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0.
5	State and local income taxes	6	Real estate taxes (see instructions)
7	Personal property taxes	8	Other taxes. List type and amount
9	Add lines 5 through 8	10	Home mtg interest and points reported to you on Form 1098
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address	12	Points not reported to you on Form 1098. See instrs for spcl rules
13	Investment interest. Attach Form 4952 if required. (See instrs.)	14	Add lines 10 through 13
15	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500
17	Carryover from prior year	18	Add lines 15 through 17
19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)
21	Tax preparation fees	22	Other expenses — investment, safe deposit box, etc. List type and amount
23	Add lines 20 through 22	24	Enter amount from Form 1040, line 35
25	Multiply line 24 by 2% (.02)	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0.
27	Other — from list in the instructions. List type and amount	28	Is Form 1040, line 35, over \$139,500 (over \$69,750 if MFS)?
<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 37.			
<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.			8,101.

BERT 0040
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SCHEDULE C
(Form 1040)**Profit or Loss From Business**
(Sole Proprietorship)

OMB No. 1545-0074

2003

09

Dep't. of the Treasury
Internal Revenue Service (99)
Name of proprietorPartnerships, joint ventures, etc., must file Form 1065 or 1065-B.
Attach to Form 1040 or 1041. See Instructions for Schedule C (Form 1040).

Social security number (SSN)

VIVIAN D BERT

A Principal business or profession, including product or service (see instructions)

Cleaning Service

C Business name, if no separate business name, leave blank.

B Enter code from instructions:

> 561720

D Employer ID number (EIN), if any

E Permanent address (including suite or room no.)
City, state, and ZIP code
1812 cherry street
MIDDLETOWN, OH 45044F Accounting method: (1) Cash (2) Accrual (3) Other (specify) **>**G Did you 'materially participate' in the operation of this business during 2003? If 'No,' see Instructions for limit on losses Yes NoH If you started or acquired this business during 2003, check here **>****Part I Income**

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here >	<input type="checkbox"/>	1	6,000.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	6,000.
4 Cost of goods sold (from line 42 on page 2)		4	
5 Gross profit. Subtract line 4 from line 3		5	6,000.
6 Other income, including Federal and state gasoline or fuel tax credit or refund		6	
7 Gross income. Add lines 5 and 6 >		7	6,000.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	175.	19 Pension and profit-sharing plans	19	
9 Car and truck expenses (see instructions)	9		20 Rent or lease (see instructions):	20a	452.
10 Commissions and fees	10		a Vehicles, machinery, and equipment	20b	463.
11 Contract labor (see instructions)	11		b Other business property	21	652.
12 Depletion	12		22 Repairs and maintenance	22	752.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		23 Supplies (not included in Part III)	23	75.
14 Employee benefit programs (other than on line 19)	14		24 Travel, meals, and entertainment:	24a	
15 Insurance (other than health)	15	362.	a Travel	24b	
16 Interest:			b Meals and entertainment	25	
a Mortgage (paid to banks, etc)	16a		c Enter nondeductible amount included on line 24b (see instrs)	26	
b Other	16b		d Subtract line 24c from line 24b	27	
17 Legal & professional services	17	135.	25 Utilities	28	3,422.
18 Office expense	18	356.	26 Wages (less employment credits)	29	2,578.
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns >			27 Other expenses (from line 48 on page 2)	30	
29 Tentative profit (loss). Subtract line 28 from line 7			28		
30 Expenses for business use of your home. Attach Form 8829			29		
31 Net profit or (loss). Subtract line 30 from line 29.			30		
• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.			31		
• If a loss, you must go to line 32.			31		2,578.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

BAA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

32a All investment is at risk.32b Some investment is not at risk.

Schedule C (Form 1040) 2003

BERT 0041
BERT V. AK STEEL

CONFIDENTIAL

Schedule C (Form 1040) 2003 VIVIAN D. BERT

Page 2

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year)	
44 Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle for: a Business _____ b Commuting _____ c Other _____	
45 Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46 Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a Do you have evidence to support your deduction? b If 'Yes,' is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48 Total other expenses. Enter here and on page 1, line 27	48
------------------------------------------------------------------	----

Schedule C (Form 1040) 2003

FD-20112 10/14/03

BERT 0042
 BERT V. AK STEEL

CONFIDENTIAL

SCHEDULE C
(Form 1040)**Profit or Loss From Business**
(Sole Proprietorship)

OMB No. 1545-0074

2003**09**Depart. of the Treasury
Internal Revenue Service (99)Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
Attach to Form 1040 or 1041. See Instructions for Schedule C (Form 1040).

Social security number (SSN)

Name of proprietor

VIVIAN D BERT

A Own business or profession, including product or service (see instructions)

Home Care

C Business name, if no separate business name, leave blank.

B Enter code from instructions

► 621610

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ► 1812 cherry st
City, town or post office, state, and ZIP code ► middletown Ohio 45044F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►G Did you 'materially participate' in the operation of this business during 2003? If 'No,' see instructions for limit on losses ► Yes NoH If you started or acquired this business during 2003, check here ► **Part I Income**

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here..... ►	1	9,650.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	9,650.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	9,650.
6 Other income, including Federal and state gasoline or fuel tax credit or refund	6	
7 Gross income. Add lines 5 and 6	7	9,650.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	19 Pension and profit-sharing plans	19
9 Car and truck expenses (see instructions)	9	20 Rent or lease (see instructions):	
10 Commissions and fees	10	a Vehicles, machinery, and equipment	225.
11 Contract labor (see instructions)	11	b Other business property	563.
12 Depletion	12	21 Repairs and maintenance	21
13 Depreciation and section 179 expense deduction (not included in Part III). (see instructions)	13	22 Supplies (not included in Part II)	1,152.
14 Employee benefit programs (other than on line 19)	14	23 Taxes and licenses	225.
15 Insurance (other than health)	15	24 Travel, meals, and entertainment:	
16 Interest:		a Travel	24a
a Mortgage (paid to banks, etc)	16a	b Meals and entertainment	
b Other	16b	c Enter nondeductible amount included on line 24b (see instrs)	
17 Legal & professional services	17	d Subtract line 24c from line 24b	24d
18 Office expense	18	25 Utilities	25
23 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns		26 Wages (less employment credits)	26
29 Tentative profit (loss). Subtract line 28 from line 7		27 Other expenses (from line 48 on page 2)	27
30 Expenses for business use of your home. Attach Form 8829		28	3,240.
31 Net profit or (loss). Subtract line 30 from line 29		29	6,410.
• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.		30	
• If a loss, you must go to line 32.		31	6,410.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

32a All investment is at risk.32b Some investment is not at risk.

Schedule C (Form 1040) 2003

FDID0112 10/14/03

BERT 0043
BERT V. AK STEEL

CONFIDENTIAL

Schedule C (Form 1040) 2003 VIVIAN D BERT

Part IV Cost of Goods Sold (see instructions)

Page 2

33 Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year)	
44 Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle for: a Business _____ b Commuting _____ c Other _____	
45 Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46 Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a Do you have evidence to support your deduction? b If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48 Total other expenses. Enter here and on page 1, line 27	48
------------------------------------------------------------	----

Schedule C (Form 1040) 2003

BERT 0044
BERT V. AK STEEL

CONFIDENTIAL

SCHEDULE SE
(Form 1040)**Self-Employment Tax**

OMB No. 1545-0074

2003**17**Department of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)

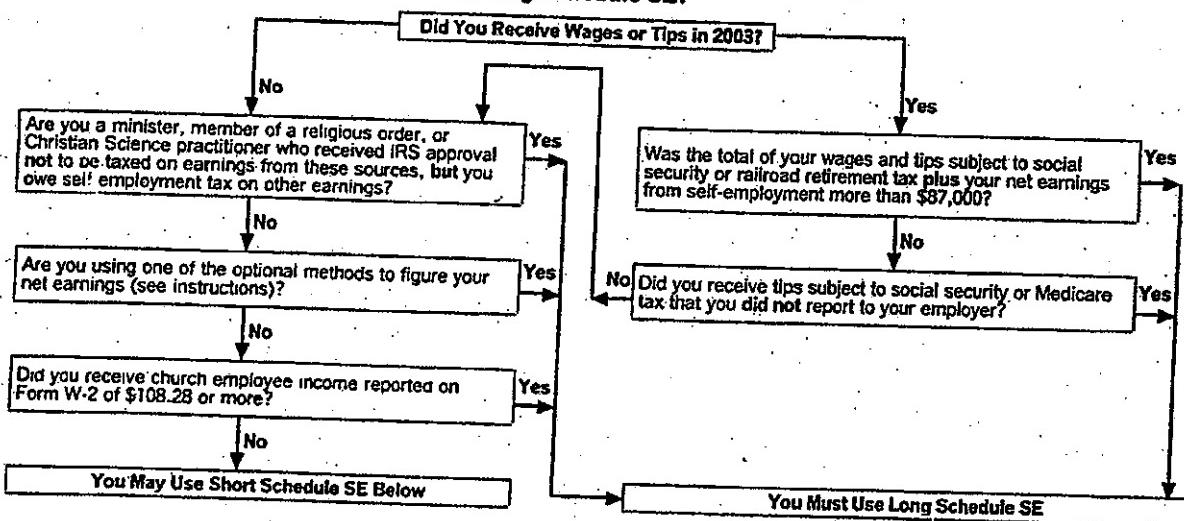
VIVIAN D BERTSocial security number of person
with self-employment income ►**Who Must File Schedule SE**

You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see instructions).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE (see instructions).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 55.

May I Use Short Schedule SE or Must I Use Long Schedule SE?**Section A — Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.**

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2 8,988.
3 Combine lines 1 and 2	3 8,988.
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4 8,300.
5 Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none"> \$87,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 55. More than \$87,000, multiply line 4 by 2.9% (.029). Then, add \$10,788.00 to the result. Enter the total here and on Form 1040, line 55. 	5 1,270.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 28	6 | 635.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2003

BERT 0045
BERT V. AK STEEL

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SCHEDULE EIC
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

VIVIAN D BERT

Earned Income Credit
Qualifying Child InformationComplete and attach to Form 1040A or 1040
only if you have a qualifying child.

OMB No. 1545-0074

2003

43

Your social security number

Before you begin:See the instructions for Form 1040A, line 41, or Form 1040, line 63, to make sure that
(a) you can take the EIC and (b) you have a qualifying child.

- * If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.

CAUTION:

- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2a agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualifying Child Information**Child 1****Child 2****1 Child's name**If you have more than two qualifying children, you only
have to list two to get the maximum credit

First name	Last name	First name	Last name
MALIQUE	D BERT		

2 a Child's SSNThe child must have an SSN as defined in the
Form 1040A or Form 1040 instructions unless the
child was born and died in 2003. If your child was
born and died in 2003 and did not have an SSN,
enter 'Died' on this line and attach a copy of the
child's birth certificate**b Child's year of birth**Year 1993If born after 1984, skip lines 3a
and 3b; go to line 4.

Year

If born after 1984, skip lines 3a
and 3b; go to line 4.**3 If the child was born before 1985 –****a Was the child under age 24 at the end of 2003 and
a student?**

Yes.
Go to line 4. No.
Continue

Yes.
Go to line 4. No.
Continue

**b Was the child permanently and totally disabled
during any part of 2003?**

Yes.
Continue No.
The child is not a
qualifying child.

Yes.
Continue No.
The child is not a
qualifying child.

4 Child's relationship to you(for example, son, daughter, grandchild, niece, nephew,
foster child, etc)

Son

**5 Number of months child lived with you in the United
States during 2003**

- If the child lived with you for more than half of 2003
but less than 7 months, enter '7'.
- If the child was born or died in 2003 and your home
was the child's home for the entire time he or she
was alive during 2003, enter '12'

12 months

Do not enter more than 12 months.

months

Do not enter more than 12 months.

TIP You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2003, (b) is claimed as
your dependent on line 6c of Form 1040A or Form 1040, and (c) is a U.S. citizen or resident alien. For more details see the
instructions for line 42 of Form 1040A or line 65 of Form 1040.

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 Instructions.

Schedule EIC (Form 1040A or 1040) 2003

CONFIDENTIAL

Form 1040 U.S. Individual Income Tax Return 2004		(99) IRS Use Only -- Do not write or staple in this space.
Label (See instructions.)	Department of the Treasury — Internal Revenue Service For the year Jan 1 - Dec 31, 2004, or other tax year beginning , 2004, ending , 20	
Use the IRS label. Otherwise please print or type.	Your first name MI Last name Vivian D Bert	OMB No. 1545-0074 Your social security number
Presidential Election Campaign (See instructions.)	If a joint return, spouse's first name MI Last name 	Spouse's social security number
	Home address (number and street). If you have a P.O. box, see instructions. 1812 Cherry St	Apartment no.
	City, town or post office. If you have a foreign address, see instructions. Middletown	State ZIP code OH 45044
	► Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Filing Status	<input type="checkbox"/> 1 Single <input type="checkbox"/> 2 Married filing jointly (even if only one had income) <input type="checkbox"/> 3 Married filing separately. Enter spouse's SSN above & full name here. ►	<input checked="" type="checkbox"/> 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ► <input type="checkbox"/> 5 Qualifying widow(er) with dependent child (see instructions)
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b Spouse	Boxes checked on 6a and 6b .. 1 No. of children on 6c what: • lived with you 1 • did not live with you due to divorce or separation (see instrs) .. Dependents on 6c not entered above .. Add numbers on lines above 2
If more than four dependents, see instructions.	c Dependents: (1) First name Last name Malique Bert	(2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs) on
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 7,880.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a Taxable interest. Attach Schedule B if required	8a
If you did not get a W-2, see instructions.	b Tax-exempt interest. Do not include on line 8a	8b
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	9a Ordinary dividends. Attach Schedule B if required	9a
	b Qualified (see instrs)	9b
	10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10
	11 Alimony received	11
	12 Business income or (loss). Attach Schedule C or C-EZ	12 411.
	13 Capital gain or (loss). Att Sch D if reqd. if not reqd, ck here	13
	14 Other gains or (losses). Attach Form 4797	14
	15a IRA distributions	15a
	16a Pensions and annuities	16a 2,820.
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
	18 Farm income or (loss). Attach Schedule F	18
	19 Unemployment compensation	19
	20a Social security benefits	20a
	21 Other income	21
Adjusted Gross Income	22 Add the amounts in the far right column for lines 7 through 21. This is your total Income	22 10,986.
	23 Educator expenses (see instructions)	23
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
	25 IRA deduction (see instructions)	25
	26 Student loan interest deduction (see instructions)	26
	27 Tuition and fees deduction (see instructions)	27
	28 Health savings account deduction. Attach Form 8889	28
	29 Moving expenses. Attach Form 3903	29
	30 One-half of self-employment tax. Attach Schedule SE	30
	31 Self-employed health insurance deduction (see instrs)	31
	32 Self-employed SEP, SIMPLE, and qualified plans	32
	33 Penalty on early withdrawal of savings	33
	34a Alimony paid b Recipient's SSN	34a
	35 Add lines 23 through 34a	35
	36 Subtract line 35 from line 22. This is your adjusted gross income	36 10,986.

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BERT V. AK STEEL

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Form 1040 (2004) Vivian D Bert

269-60-2213 Page 2
10,986.

Tax and Credit.	37 Amount from line 36 (adjusted gross income)	37		
Standard Deduction for —	38a Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked ► 38a	38a		
• People who checkmark box on line 38a or who can be claimed as dependents.	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here	38b		
• All others:	39 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39		
Single or Married filing separately, \$4,850	40 Subtract line 39 from line 37	40		
Mariing filing jointly or Qualifying widow(er), \$9,700	41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet in the instructions	41		
Head of household, \$7,150	42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42		
Other Taxes	43 Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43		
Payments	44 Alternative minimum tax (see instructions). Attach Form 6251	44		
If you have a qualifying child, attach Schedule EIC.	45 Add lines 43 and 44	45		
	46 Foreign tax credit. Attach Form 1116 if required	46		
	47 Credit for child and dependent care expenses. Attach Form 2441	47		
	48 Credit for the elderly or the disabled. Attach Schedule R	48		
	49 Education credits. Attach Form 8863	49		
	50 Retirement savings contributions credit. Attach Form 8880	50		
	51 Child tax credit (see instructions)	51		
	52 Adoption credit. Attach Form 8839	52		
	53 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53		
	54 Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54		
	55 Add lines 46 through 54. These are your total credits	55		
	56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56		
	57 Self-employment tax. Attach Schedule SE	57		
	58 Social security and Medicare tax on bp income not reported to employer. Attach Form 4137	58		
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
	60 Advance earned income credit payments from Form(s) W-2	60		
	61 Household employment taxes. Attach Schedule H	61		
	62 Add lines 56-61. This is your total tax	62		
Refund	63 Federal income tax withheld from Forms W-2 and 1099	63		
Direct deposit? See instructions and fill in 72b, 72c, and 72d.	64 2004 estimated tax payments and amount applied from 2003 return	64		
	65a Earned income credit (EIC)	65a		
	b Nontaxable combat pay election	65b		
	66 Excess social security and tier 1 RRTA tax withheld (see instructions)	66		
	67 Additional child tax credit. Attach Form 8812	67		
	68 Amount paid with request for extension to file (see instructions)	68		
	69 Other pmts from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69		
	70 These are your total payments	70		
Amount You Owe	71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71		
	72a Amount of line 71 you want refunded to you	72a		
	b Routing number			
	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number			
	73 Amount of line 71 you want applied to your 2005 estimated tax	73		
	74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions	74		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)?			
Sign Here	Yes. Complete the following. <input checked="" type="checkbox"/> No			
Joint return? See instructions.	Name	Phone no.	Personal identification number (PIN)	
Keep a copy for your records.	Your's signature	Date	Your occupation	Daytime phone number
Paid Preparer's Use Only	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	EIN
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (for yours self-employed) address, and ZIP code			Phone no.

FD-AO12 10/04

Form 1040 (2004)

BERT 0048
BERT V. AK STEEL

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SCHEDULE A
(Form 1040)**Itemized Deductions**

OMB No. 1545-0074

2004
07► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

Your social security number

Department of Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Vivian D. Bert

Medical and Dental Expenses (See instructions.)	Caution. Do not include expenses reimbursed or paid by others.		
	1 Medical and dental expenses (see instructions)	1	
	2 Enter amount from Form 1040, line 37	2	
	3 Multiply line 2 by 7.5% (.075)	3	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid (See instructions.)	a <input type="checkbox"/> Income taxes, or	5	412.
	b <input checked="" type="checkbox"/> General sales taxes (see instructions)	6	1,351.
	7 Personal property taxes	7	
	8 Other taxes. List type and amount	8	
	9 Add lines 5 through 8	9	1,763.
Interest You Paid (See instructions.)	10 Home mtg interest and points reported to you on Form 1098	10	6,770.
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address	11	
Note. Personal interest is not deductible. (See instructions.)	12 Points not reported to you on Form 1098. See instrs for spcl rules	12	
	13 Investment interest. Attach Form 4952 if required. (See instrs)	13	
	14 Add lines 10 through 13	14	6,770.
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	15 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	15	
	16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16	
	17 Carryover from prior year	17	
	18 Add lines 15 through 17	18	
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See instructions)	19	
Job Expenses and Most Other Miscellaneous Deductions (See instructions.)	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions)	20	
	21 Tax preparation fees	21	
	22 Other expenses — investment, safe deposit box, etc. List type and amount	22	
	23 Add lines 20 through 22	23	
	24 Enter amount from Form 1040, line 37	24	
	25 Multiply line 24 by 2% (.02)	25	
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	
Other Miscellaneous Deductions	27 Other — from list in the instructions. List type and amount	27	
Total Itemized Deductions	28 Is Form 1040, line 37, over \$142,700 (over \$71,350 if MFS)?	28	8,533.
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 39.		
	<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.		

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SCHEDULE C
(Form 1040)**Profit or Loss From Business**
(Sole Proprietorship)

OMB No. 1545-0074

2004
09Department of the Treasury
Internal Revenue ServicePartnerships, joint ventures, etc., must file Form 1065 or 1065-B.
► Attach to Form 1040 or 1041. ► See Instructions for Schedule C (Form 1040).

Social security number (SSN)

Name of proprietor

Vivien D Bert

A Name of business or profession, including product or service (see instructions)

BERT VTD

C Business name. If no separate business name, leave blank.

NURSING

B Enter code from instructions

► 621610

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ► 1812 CHERRY STREET
City, town or post office, state, and ZIP code ► MIDDLETOWNF Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►G Did you 'materially participate' in the operation of this business during 2004? If 'No,' see instructions for limit on losses... Yes No

H If you started or acquired this business during 2004, check here ►

Part I Income

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here	► <input type="checkbox"/>	1	6,500.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	6,500.
4 Cost of goods sold (from line 42 on page 2)		4	
5 Gross profit. Subtract line 4 from line 3		5	6,500.
6 Other income, including Federal and state gasoline or fuel tax credit or refund		6	
7 Gross income. Add lines 5 and 6	►	7	6,500.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	19 Pension and profit-sharing plans	19
9 Car and truck expenses (see instructions)	9	20 Rent or lease (see instructions): a Vehicles, machinery, and equipment	20a
10 Commissions and fees	10	b Other business property	20b
11 Contract labor (see instructions)	11	21 Repairs and maintenance	21
12 Depletion	12	22 Supplies (not included in Part III)	22
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	23 Taxes and licenses	23
14 Employee benefit programs (other than on line 19)	14	24 Travel, meals, and entertainment: a Travel	24a
15 Insurance (other than health)	15	b Meals and entertainment	
16 Interest: a Mortgage (paid to banks, etc)	16a	c Enter nondeductible amount included on line 24b (see instrs)	
b Other	16b	d Subtract line 24c from line 24b	24d
17 Legal & professional services	17	25 Utilities	25
18 Office expense	18	26 Wages (less employment credits)	26
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	►	27	2,500.
29 Tentative profit (loss). Subtract line 28 from line 7	►	28	6,089.
30 Expenses for business use of your home. Attach Form 8829	►	29	411.
31 Net profit or (loss). Subtract line 30 from line 29	►	30	

- If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

32a All investment is at risk.32b Some investment is not at risk.

Schedule C (Form 1040) 2004

FD-2012 05/06/04

BERT 0050
BERT V. AK STEEL

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Schedule C (Form 1040) 2004 Vivian D Bert

Page 2

Part III Cost of Goods Sold (see instructions)

- 33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)
- 34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No
- 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
- 36 Purchases less cost of items withdrawn for personal use 36
- 37 Cost of labor. Do not include any amounts paid to yourself 37
- 38 Materials and supplies 38
- 39 Other costs 39
- 40 Add lines 35 through 39 40
- 41 Inventory at end of year 41
- 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year)
- 44 Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used your vehicle for:
a Business _____ b Commuting _____ c Other _____
- 45 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 46 Was your vehicle available for personal use during off-duty hours? Yes No
- 47 a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48 Total other expenses. Enter here and on page 1, line 27	48
------------------------------------------------------------	----

Schedule C (Form 1040) 2004

FD-2042 05/06/04

BERT 0051
 BERT V. AK STEEL

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SCHEDULE EIC
(Form 1040A or 1040)**Earned Income Credit**
Qualifying Child Information

OMB No. 1545-0074

2004**43**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Vivian O BertComplete and attach to Form 1040A or 1040
only if you have a qualifying child.

Your social security number

Before you begin:

See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 65a and 65b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.

- * If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.

CAUTION

- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualifying Child Information**Child 1****Child 2**

1 Child's name	First name <u>Malique</u>	Last name <u>Bert</u>	First name	Last name
If you have more than two qualifying children, you only have to list two to get the maximum credit				
2 Child's SSN				
The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 2004. If your child was born and died in 2004 and did not have an SSN, enter 'Died' on this line and attach a copy of the child's birth certificate				
3 Child's year of birth	Year <u>1993</u> If born after 1985, skip lines 4a and 4b; go to line 5.		Year _____ If born after 1985, skip lines 4a and 4b; go to line 5.	
4 If the child was born before 1986 --	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue
a Was the child under age 24 at the end of 2004 and a student?	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.
b Was the child permanently and totally disabled during any part of 2004?	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc)	Son			
6 Number of months child lived with you in the United States during 2004	12 months Do not enter more than 12 months.		months Do not enter more than 12 months.	

TIP You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2004, (b) is claimed as your dependent on line 6c of Form 1040A or Form 1040, and (c) is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 67 of Form 1040.

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 Instructions.

Schedule EIC (Form 1040A or 1040) 2004

BERT 0052
BERT V. AK STEEL

CONFIDENTIAL

IT 1940		OHIO Income Tax Return		2004																																				
For the year Jan 1 - Dec 31, 2004 or other taxable year ending SCENE Your first name Initial Last name CLICK Vivian D Bert <small>If a joint return, spouse's first name Initial last name</small>		Your social security number Spouse's social security no. <small>Apt No.</small> Ohio county <small>Butl</small>		Social Security Numbers must be entered below. Filing Status -- check only one <input checked="" type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately, enter spouse's SSN																																				
FORM 1811 Cherry St STATE Cuyahoga ZIP CODE OH 45044 RESIDENCE <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident <small>state of residence</small>		Ohio Public School District Number (See instructions.) ► 0906																																						
Ohio Residency Status (see instructions) <input type="checkbox"/> Part-Year Resident <small>from 04 to 04</small>		Ohio Political Party Fund Yes No <small>Do you want \$1 to go to this fund? <input type="checkbox"/> If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/></small>																																						
<small>Note: Checking 'Yes' will not increase your tax or decrease your refund.</small>																																								
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IF THE BALANCE DUE IS LESS THAN \$1.01, PAYMENT NEED NOT BE MADE, AND IF THE OVERPAYMENT IS LESS THAN \$1.01, NO REFUND WILL BE ISSUED. I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.																																								
SIGN HERE	Your signature	Date	For Departmental Use Only <table border="1"> <tr> <td>18a</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">NO Payment Enclosed — Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679</td> </tr> <tr> <td colspan="2">Payment Enclosed — Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057</td> </tr> <tr> <td colspan="2"></td> </tr> </table>		18a	<input type="checkbox"/>	NO Payment Enclosed — Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679		Payment Enclosed — Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057																															
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Spouse's signature (if filing jointly, BOTH must sign) Phone number (optional)																																								
Preparer's signature	Preparer's phone number																																							
Preparer's address (including zip code) Self-Prepared																																								

OHIA0512 12/14/04

BERT 0053
BERT V. AK STEEL

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Form IT-1040 Vivian D Bert

Schedule A - Adjustments to Income (Additions and Deductions)

• Additions – add to the extent not included in federal adjusted gross income (line 1)	28 •
• Add non-Ohio state or local government interest and dividends	29 •
29 Add Pass-through Entity addback	29 •
30 Add income from an electing small business trust (ESBT – see instructions)	30 •
31 Other. Check all that apply:	
a <input type="checkbox"/> Federal interest and dividends subject to state taxation and miscellaneous federal tax adjustments	
b <input type="checkbox"/> Reimbursement of college tuition expenses and fees deducted in any previous year(s)	
c <input type="checkbox"/> Losses from sale or disposition of Ohio Public Obligations	
d <input type="checkbox"/> Non-medical withdrawals from an Ohio Medical Savings Account	
e <input type="checkbox"/> Reimbursements of expenses previously deducted for Ohio income tax purposes but only if the reimbursement is not in FAGI	
f <input type="checkbox"/> Non-education expenditures from College Savings Account	
g <input type="checkbox"/> Add back the depreciation adjustment for IRC sections 168(k) and 179	
Total of a through g	31 •
32 Total additions (add lines 28 through 31)	32 •
Deductions – see limitations in instructions	
33 Deduct federal interest and dividends exempt from state taxation	33 •
34 Deduct compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents	34 •
Check box if you are a military nonresident	
35 Deduct state or municipal income tax overpayments (see instructions)	35 •
36 Deduct disability and survivorship benefits (does not include pension continuations)	36 •
37 Deduct qualifying social security benefits and some railroad benefits	37 •
38 Deduct contributions to CollegeAdvantage 529 savings plan and/or purchases of tuition credits	38 •
39 Deduct qualified tuition expenses paid to an eligible Ohio educational institution	39 •
40 Deduct un-subsidized health insurance/long term care insurance and excess medical expenses (see worksheet)	40 •
41 Deduct funds deposited into and earnings of a Medical Savings Account for eligible medical expenses (see worksheet)	41 •
42 Deduct losses from an electing small business trust (ESBT – see instructions)	42 •
43 Other. Check all that apply:	
a <input type="checkbox"/> Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits	
b <input type="checkbox"/> Interest income from Ohio Public Obligations and Ohio Purchase Obligations and gains from the sale or disposition of Ohio Public Obligations	
c <input type="checkbox"/> Refund or reimbursements shown on federal Form 1040, line 21, for itemized deductions claimed on a prior year federal income tax return	
d <input type="checkbox"/> Repayment of income reported in a prior year and miscellaneous federal tax adjustments	
e <input type="checkbox"/> Amount contributed to an Individual Development Account	
f <input type="checkbox"/> Depreciation expense adjustment for IRC sections 168(k) and 179	
Total of a through f	43 •
44 Total Deductions (add lines 33 through 43)	44 •
45 Net adjustments – if line 32 is GREATER than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is LESS than line 44, enter the difference here and on line 2 as a negative amount	45 •

Schedule B - Credits

46 Retirement Income Credit (see instructions for credit table) (Limit – \$200)	46 •
47 Senior Citizen Credit (Limit – \$50 per return)	47 •
48 Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit)	48 •
49 Child and Dependent Care Credit (see instructions and worksheet)	49 •
50 Lump Sum Retirement Credit	50 •
51 Job Training Credit (see instructions and worksheet) (Limit – \$500 single; \$1,000 joint, if both spouses qualify)	51 •
52 Ohio Political Contributions Credit (Limit – \$50 single; \$100 joint)	52 •
53 Ohio Adoption Credit (Limit – \$500 per adoption)	53 •
54 Total Credits (add lines 46 through 53) – enter here and on line 7	54 •

Schedule C - Ohio Resident

55 Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident	55 •
56 Enter Ohio Adjusted Gross Income (line 3)	56 •
57 Divide line 55 by line 56 : Multiply by the amount on line 12	57 •
58 Enter the 2004 income tax less all related credits other than withholding and estimated tax payments and carry-forwards from previous years paid to other states or the District of Columbia	58 •
59 Enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13	59 •
List the state(s) other than Ohio with which you filed 2004 Income Tax Returns	

OHIA0512 12/14/04

Schedule D -- Nonresident/Part-Year Resident

60 Enter the portion of Ohio Adjusted Gross Income (line 3) that was not earned or received in Ohio (attach calculation)	60 •
61 Enter the Ohio Adjusted Gross Income (line 3)	61 •
62 Divide line 60 by line 61 : Multiply by the amount on line 12. Enter here and on line 13	62 •

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BE2213-05
Tue Mar 21 2006 16:03

1040

Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return

2005

IRS Use Only - Do not write or staple in this space.

Label (See instructions on page 16.)	For the year Jan 1 - Dec. 31, 2005, or other tax year beginning			2005, ending	20	OMB No. 1545-0074
	Your first name and initial VIVIAN D		Last name BERT	Your social security number		
Use the IRS label. Otherwise, please print or type.	If a joint return, spouse's first name and initial		Last name	Spouse's social security number		
H E R E		Home address (number and street). If you have a P.O. box, see page 16. 1812 CHERRY ST		Apt. no	▲ You must enter your SSN(s) above.	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. MIDDLETOWN, OH 45044					Checking a box below will not change your tax or refund.	
Presidential Election Campaign ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)		► <input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse				
Filing Status	1 <input type="checkbox"/> Single	4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ►				
Check only one box	2 <input type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)				
Exemptions	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►				Boxes checked on 6a and 6b 1	
If more than four dependents, see page 19.	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a <input type="checkbox"/> Spouse	(2) Dependent's social security number MALIQUE BERT	(3) Dependent's relationship to you SON	(4) X If qualifying child for child tax credit (see pg 19) <input checked="" type="checkbox"/>	No. of children on 6c who: • Lived with you 1 • Didn't live with you due to divorce or separation (see page 20)	Dependents on 6c not entered above
	d Total number of exemptions claimed				Add numbers on lines above ► 2	
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 18,514.				
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a Taxable interest. Attach Schedule B if required	8a				
	b Tax-exempt interest. Do not include on line 8a	9a				
	9a Ordinary dividends. Attach Schedule B if required	9b				
	b Qualified dividends (see page 23)	10			126.	
	10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	11				
	11 Alimony received	12				
	12 Business income or (loss). Attach Schedule C or C-EZ	13				
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	14				
	14 Other gains or (losses). Attach Form 4797	15b				
	15a IRA distributions	15a	b Taxable amount (see pg 25)			
	15a Pensions and annuities	16a	2,821. b Taxable amount (see pg 25)			
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	16b			2,695.	
	18 Farm income or (loss). Attach Schedule F	17				
	19 Unemployment compensation	18				
	20a Social security benefits	20a	12,984. b Taxable amount (see pg 27)	19		
	21 Other income. List	20b			1,414.	
	22 Add the amounts in the far-right column for lines 7 through 21. This is your total income ►	21				
Adjusted Gross Income	23 Educator expenses (see page 29)	23	22 22,749.			
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24				
	25 Health savings account deduction. Attach Form 8889	25				
	26 Moving expenses. Attach Form 3903	26				
	27 One-half of self-employment tax. Attach Schedule SE	27				
	28 Self-employed SEP, SIMPLE, and qualified plans	28				
	29 Self-employed health insurance deduction (see page 30)	29				
	30 Penalty on early withdrawal of savings	30				
	31a Alimony paid b Recipient's SSN ►	31a				
	32 IRA deduction (see page 31)	32				
	33 Student loan interest deduction (see page 33)	33				
	34 Tuition and fees deduction (see page 34)	34				
	35 Domestic production activities deduction. Attach Form 8903	35				
	36 Add lines 23 through 31a and 32 through 35	36	0.			
	37 Subtract line 36 from line 22. This is your adjusted gross income ►	37	22,749.			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate Instructions

Form 1040 (2005)

S VA 107601

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BERT V. AK STEEL

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BE221343
Tue Mar 21 2006 16:03

Form 1040 (2005) VIVIAN D BERT

Page 2

Tax and Credit	38 Amount from line 37 (adjusted gross income)	39a Check if [] You were born before January 2, 1941. [] Spouse was born before January 2, 1941.	39b Total boxes checked ► 39a [] 0	39 22,749.
Standard Deduction for:	39a Check if [] You were born before January 2, 1941. [] Spouse was born before January 2, 1941.	39b Total boxes checked ► 39a [] 0	39 22,749.	
• Filing jointly or Qualifying widow(er), \$10,000	b If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ► 39b []	39b Total boxes checked ► 39a [] 0	39 22,749.	
Dependents, see page 36.	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40 10,441.		
All others: Single or Married filing separately, \$5,000	41 Subtract line 40 from line 38	41 12,308.		
Married filing jointly or Qualifying widow(er), \$10,000	42 If line 38 is over \$103,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42 6,400.		
Head of household, \$7,300	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43 5,908.		
Other Taxes	44 Tax (see pg 37). Check if any tax is from: a [] Form(s) 8814 b [] Form 4972	44 593.		
Payments	45 Alternative minimum tax (see page 39). Attach Form 6251	45 0.		
If you have a qualifying child, attach Schedule EIC.	46 Add lines 44 and 45	46 593.		
	47 Foreign tax credit. Attach Form 1116 if required	47		
	48 Credit for child and dependent care expenses. Attach Form 2441	48		
	49 Credit for the elderly or the disabled. Attach Schedule R	49		
	50 Education credits. Attach Form 8863	50		
	51 Retirement savings contributions credit. Attach Form 8880	51		
	52 Child tax credit (see page 41). Attach Form 8901 if required	52 593.		
	53 Adoption credit. Attach Form 8839	53		
	54 Credits from: a [] Form 8396 b [] Form 8859	54		
	55 Other credits. Check applicable box(es): a [] Form 3800 b [] Form 8801 c [] Form	55		
	56 Add lines 47 through 55. These are your total credits	56 593.		
	57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57 0.		
	58 Self-employment tax. Attach Schedule SE	58		
	59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59		
	60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60		
	61 Advanced earned income credit payments from Form(s) W-2	61		
	62 Household employment taxes. Attach Schedule H	62		
	63 Add lines 57 through 62. This is your total tax	63 0.		
Refund	64 Federal income tax withheld from Forms W-2 and 1099	64 2,596.		
Direct deposit? See page 59 and fill in 73b, 73c, and 73d.	65 2005 estimated tax payments and amount applied from 2004 return	65		
	66a Earned Income credit (EIC) b Nontaxable combat pay election ► 66b	66a 1,327.		
	67 Excess social security and tier 1 RRTA tax withheld (see page 59)	67		
	68 Additional child tax credit. Attach Form 8812	68 407.		
	69 Amount paid with request for extension to file (see page 59)	69		
	70 Payments from: a [] Form 2439 b [] Form 4136 c [] Form 8885	70		
	71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71 4,330.		
	72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72 4,330.		
	73a Amount of line 72 you want refunded to you	73a 4,330.		
	► b Routing number			
	► c Type: [X] Checking [] Savings			
Amount You Owe	74 Amount of line 72 you want applied to your 2006 estimated tax ► 74	74		
Third Party Designee	75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75		
Sign Here	76 Estimated tax penalty (see page 60)	76		
Joint return? See page 17. Keep a copy for your records.	Do you want to allow another person to discuss this return with the IRS (see page 61)? <input checked="" type="checkbox"/> Yes. Complete the following.			
	Designee's name ► PREPARER Phone no. ► Personal identification number (PIN)			
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Yours signature	02213 Date	Your occupation	
	Daytime phone number			
	Spouse's signature. If a joint return, both must sign.			
Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed <input type="checkbox"/>	
	JANET L. ANDERSON 03/21/2006		Preparer's SSN or PTIN P00085705	
	PALMER & ASSOC TAX INC	EIN	11-3661300	
	302 EDGEWOOD DR			
	TRENTON, OH 45067	Phone no.	513-988-1771	

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PVA (18760)

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BE2213.03
Tue Mar 21 2006 16:03

SCHEDULE A
(Form :040)
 Department of the Treasury
 Internal Revenue Service
 Name: Vivian D BERT on Form 1040

Schedule A - Itemized Deductions

OMB No. 1545-0074

2005
07

Your social security number

VIVIAN D BERT

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.	
1 Medical and dental expenses (see page A-2)		1	
2 Enter amount from Form 1040, line 38 [2]		2	
3 Multiply line 2 by 7.5% (.075)		3	
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	0.
Taxes You Paid <i>(See page A-2.)</i>		5 State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes (see page A-3)	
		5	979.
6 Real estate taxes (see page A-5)		6	1,368.
7 Personal property taxes		7	
8 Other taxes. List type and amount ►		8	
9 Add lines 5 through 8		9	2,347.
Interest You Paid <i>(See page A-5.)</i>		10 Home mortgage interest and points reported to you on Form 1098	
		10	6,794.
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ►		11	
12 Points not reported to you on Form 1098. See page A-6 for special rules		12	
13 Investment interest. Attach Form 4952 if required. (See page A-6.)		13	
14 Add lines 10 through 13		14	6,794.
Gifts to Charity <i>If you made a gift and got a benefit for it; see page A-7.</i>		15a Total gifts by cash or check. If you made any gift of \$250 or more, see page A-7	
		15a	1,300.
15b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions (see page A-7).		15b	
16 Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500		16	
17 Carryover from prior year		17	
18 Add lines 15a, 16, and 17		18	1,300.
Casualty and Theft Losses		19 Casualty or theft loss(es). Attach Form 4684. (See page A-8)	
		19	0.
Job Expenses and Certain Miscellaneous Deductions <i>(See page A-8.)</i>		20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.) ►	
		20	
21 Tax preparation fees		21	
22 Other expenses - investment, safe deposit box, etc. List type and amount ►		22	
23 Add lines 20 through 22		23	
24 Enter amount from Form 1040, line 38 [24]		24	
25 Multiply line 24 above by 2% (.02)		25	
26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-		26	0.
Other Miscellaneous Deductions		27 Other - from list on page A-9. List type and amount ►	
		27	0.
Total Itemized Deductions		28 Is Form 1040, line 38, over \$145,950 (over \$72,975 if married filing separately)?	
		28	
29 If you elect to itemize deductions even though they are less than your standard deduction, check here ►		29	

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 2005

FVA

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BE2213.6a
Tue Mar 21 2006 16:03**SCHEDULE EIC**
(Form 1040A or 1040)
Department of the Treasury
Internal Revenue Service
Name, as shown on return**Earned Income Credit
Qualifying Child Information**

OMB No. 1545-0074

2005
43

► Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

Your social security number

VIVIAN D BERT

Before you begin: See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See page 2 for details.

Caution

- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualifying Child Information

	Child 1	Child 2
1 Child's name	First name _____ Last name _____	First name _____ Last name _____
If you have more than two qualifying children, you only have to list two to get the maximum credit.	MALIQUE BERT	
2 Child's SSN		
The child must have an SSN as defined on page 44 of the Form 1040A instructions or page 48 of the Form 1040 instructions unless the child was born & died in 2005. If your child was born & died in 2005 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.		
3 Child's year of birth	Year <u>1993</u> If born after 1986, skip lines 4a and 4b; go to line 5.	Year _____ If born after 1986, skip lines 4a and 4b; go to line 5.
4 If the child was born before 1987-	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue	
a Was the child under age 24 at the end of 2005 and a student?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue	
b Was the child permanently and totally disabled during any part of 2005?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue The child is not a qualifying child.	
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON	
6 Number of months child lived with you in the United States during 2005	<u>12</u> months Do not enter more than 12 months.	
	<u> </u> months Do not enter more than 12 months.	

TIP You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2005, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 68 of Form 1040.

For Paperwork Reduction Act Notice, see Form 1040A or 1040 Instructions

Schedule EIC (Form 1040A or 1040) 2005

FVA

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BERT V. AK STEEL

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BE2213.JC
Tue Mar 21 2006 16:03

Form 8812

Additional Child Tax Credit

OMB No. 1545-0074

2005
47Department of the Treasury
Internal Revenue Service

Complete and attach to Form 1040 or 1040A.

Your social security number

Name(s), shown on return

VIVIAN D BERT

Part I All Filers

- 1 Enter the amount from line 1 of your Child Tax Credit Worksheet on page 42 of the Form 1040 Instructions.
If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication.

1 1,000.

- 2 Enter the amount from Form 1040, line 52, or Form 1040A, line 33.

2 593.

- 3 Subtract line 2 from line 1. If zero, stop; you cannot take this credit.

3 407.

- 4a Earned income (see instructions on back). If your main home was in the Hurricane Katrina disaster area on August 25, 2005, and you are electing to use your 2004 earned income, check here □

4a 18,514.

- b Nontaxable combat pay (see instructions on back).

4b

- 5 Is the amount on line 4a more than \$11,000?

No. Leave line 5 blank and enter -0- on line 6.

Yes. Subtract \$11,000 from the amount on line 4a. Enter the result.

5 7,514.

- 6 Multiply the amount on line 5 by 15% (.15) and enter the result.

6 1,127.

Next: Do you have three or more qualifying children?

No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13.

Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.

Part II Certain Filers Who Have Three or More Qualifying Children

- 7 Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and

7

6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions.

8

- 1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 59, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 63.

9

1040A filers: Enter -0-.

10

- 9 Add lines 7 and 8.

- 10 1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 67.

11

- 1040A filers: Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see instructions).

12

- 11 Subtract line 10 from line 9. If zero or less, enter -0-

13

- 12 Enter the larger of line 6 or line 11.

14

Next, enter the smaller of line 3 or line 12 on line 13.

15

Part III Additional Child Tax Credit

- 13 This is your additional child tax credit.

13 407.

Enter this amount on
Form 1040, line 68, or
Form 1040A, line 42.

For Paperwork Reduction Act Notice, see separate instructions

Form 8812 (2005)

FVA

BERT 0059
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BE2213.G
Tue Mar 21 23:08 10:03

IT 1040 OHIO Income Tax Return 2005

For the year Jan. 1-Dec. 31, 2005 or other taxable year ending

20

Social security numbers must be filled in below.

Your first name	Initial	Last name	Your social security number	Filing status - check only one
VIVIAN	D	BERT		<input checked="" type="checkbox"/> Single or head of household
If a joint return, spouse's first name	Initial	Last name	Spouse's social security no. (if joint)	<input type="checkbox"/> Married filing jointly
Home address (number and street)			Apt. Number	<input type="checkbox"/> Married filing separately - enter spouse's SS#
1813 CHERRY ST				
City, town or post office, state and ZIP code			Ohio county	
MID TOWNSHIP OH 45044			BUTL	

Ohio Residency Status (see instructions)

<input checked="" type="checkbox"/> Resident	<input type="checkbox"/> Part-year resident from	05 to 05
<input type="checkbox"/> Nonresident		

Ohio public school district number (see pages 35-39) ► 0906

Ohio Political Party Fund

Do you want \$1 to go to this fund?

If joint return, does your spouse want \$1 to go to this fund?

Note: Checking "Yes" will not increase your tax or decrease your refund.

1. Federal adjusted gross income (from federal form 1040, line 37; or 1040A, line 21; or 1040EZ, line 4)	1. 22,749.00
2. Ohio adjustments (from line 48 on page 2 of this return)	2. (4,235.00)
3. Ohio adjusted gross income (line 2 added to or subtracted from line 1)	3. 18,514.00
4. Multiply your personal and dependent exemptions [2] times \$1,350 and enter the result here	4. 2,700.00
5. Ohio taxable income (subtract line 4 from line 3)	5. 15,814.00
6. Tax on line 5 (see tax tables, pages 28-34)	6. 279.00
7. Credits from Schedule B (line 58 on page 2 of this return)	7. 0.00
8. Ohio tax less Schedule B credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter -0-)	8. 279.00
9. Exemption credit: Number of personal and dependent exemptions [2] times \$20	9. 40.00
10. Ohio tax less exemption credit (subtract line 9 from line 8. If line 9 is more than line 8, enter -0-)	10. 239.00
11. Joint filing credit (see rev. & attach documentation) % since the 10 (Rev. 6/50)	11.
12. Ohio tax less joint filing credit (Subtract line 11 from line 10. If line 11 is more than line 10, enter -0-)	12. 239.00
13. Resident/nonresident/part-year credits (Sch. C or D) & nonrefundable business credits (attach Sch. E)	13.
14. Ohio income tax before manufacturing equipment grant. (Subtract line 13 from line 12. If line 13 is more than line 12, enter -0-)	14. 239.00
15. Manufacturing equipment grant. You must attach the grant request form	NEW 15.
16. Ohio income tax (Subtract line 15 from line 14. If line 15 is more than line 14, enter -0-)	16. 239.00
17. Interest penalty on underpayment of estimated tax: Check <input type="checkbox"/> if form IT 2210 attached	17.
18. Unpaid Ohio use tax (see worksheet on pg 27) The amount you show on this line is part of your total income tax liability for this year.	18. 0.00
19. Total Ohio tax (add lines 16, 17 and 18)	19. 239.00

20. Ohio Tax Withheld (box 17 on your W-2)	AMOUNT WITHHELD ► 20. 702.00
(attach W-2's to the back of this form)	
21. Ohio estimated tax, IT 40P payments for 2005, and 2004 overpayment credited to 2005	.21.
22. Refundable business jobs	Refundable pass-through entity Total of lines
Credit 22a	Credit 22b 22a and 22b .22.
(attach certificates)	(attach K1's)
23. Add lines 20, 21 and 22	TOTAL PAYMENTS ► 23. 702.00

24. Amount You Owe (if line 23 is less than line 19, subtract line 23 from line 19). See pages 41 and 42. Check here <input type="checkbox"/> and enclose form IT 40P if you are making a payment - make payable to Ohio Treasurer of State.	AMOUNT YOU OWE ► 24. 0.00
Check here <input type="checkbox"/> if you have paid or will pay with an electronic check or credit card	
25. If line 23 is GREATER than line 19, subtract line 19 from line 23. AMOUNT OVERPAID ► 25. 463.00	
26. Amount of line 25 to be credited to 2006 estimated income tax liability	CREDIT ► 26.
27. Amount of line 25 you wish to donate to the Military Injury Relief Fund	NEW 27.
28. Amount of line 25 you wish to donate for nature preserves, scenic rivers & protection of endangered species	.28.
29. Amount of line 25 you wish to donate for Ohio's wildlife species and conservation of endangered wildlife	.29.
30. Amount of line 25 to be refunded. (Subtract amounts on lines 26, 27, 28 and 29 from line 25.)	YOUR REFUND ► 30. 463.00

IF THE BALANCE DUE IS LESS THAN \$1.01 PAYMENT NEED NOT BE MADE. AND IF THE OVERPAYMENT IS LESS THAN \$1.01 NO REFUND WILL BE ISSUED.

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

Your signature	Date
Spouse's signature (if filing jointly, BOTH must sign)	Phone number (optional)
Preparer's signature	
JANET L ANDERSON	
Preparer's phone number 513-988-1771	302 EDGEWOOD DR TRENTON OH 45067

FOR DEPARTMENTAL USE ONLY		
		U
NO Payment Enclosed - Mail to Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679		Payment Enclosed - Mail to Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

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Tue Mar 21 2006 16:03

Ohio IT 1040, page 2

VIVIAN D BERT

Additions - add to the extent not included in federal adjusted gross income (line 1)	
21. Add non-Ohio state or local government interest and dividends 31. ● []	
22. Add pass-through entity add-back 32. ● []	
33. Add income from an electing small business trust (ESBT - see instructions) 33. ● []	
34. Other. Check all that apply:	
a. <input type="checkbox"/> Federal interest and dividends subject to state taxation and miscellaneous federal tax adjustments	34. ● []
b. <input type="checkbox"/> Reimbursements of college tuition expenses and fees deducted in any previous year(s)	35. ● []
c. <input type="checkbox"/> Losses from sale or disposition of Ohio public obligations	36. ● []
d. <input type="checkbox"/> Nonmedical withdrawals from an Ohio medical savings account and miscellaneous federal tax adjustments	37. ● []
e. <input type="checkbox"/> Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in FAGI	38. ● []
f. <input type="checkbox"/> Noneducation expenditures from college savings account	39. ● []
g. <input type="checkbox"/> Add back the depreciation adjustment for Internal Revenue Code sections 168(k) and 179	40. ● []
Total of a through g	
35. Total additions (add lines 31 through 34) 34. ● []	
Deductions - see Limitations in Instructions	
36. Deduct federal interest and dividends exempt from state taxation 35. ● []	
37. Deduct compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents. Check box if you are a military nonresident <input type="checkbox"/> 36. ● []	
38. Deduct state or municipal income tax overpayments (see instructions) 37. ● []	
39. Deduct disability and survivorship benefits (does not include pension continuations) 38. ● []	
40. Deduct qualifying social security benefits and some railroad benefits 39. ● []	
41. Deduct contributions to CollegeAdvantage 529 savings plan and/or purchases of tuition credits 40. ● []	
42. Deduct qualified tuition expenses paid to an eligible Ohio educational institution 41. ● []	
43. Deduct unsubsidized health insurance/long term care insurance and excess medical expenses (see worksheet) 42. ● []	
44. Deduct funds deposited into & earnings of a medical savings account for eligible medical expenses (see wksht) 43. ● []	
45. Deduct losses from an electing small business trust (ESBT - see instructions) 44. ● []	
46. Other. Check all that apply:	
a. <input type="checkbox"/> Wage & salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits	45. ● []
b. <input type="checkbox"/> Interest income from Ohio public obligations and Ohio purchase obligations and gains from the sale or disposition of Ohio public obligations	46. ● []
c. <input type="checkbox"/> Refund or reimbursements shown on federal form 1040, line 21, for itemized deductions claimed on a prior year federal income tax return	47. ● []
d. <input type="checkbox"/> Repayment of income reported in a prior year and miscellaneous federal tax adjustments	48. ● []
e. <input type="checkbox"/> Amount contributed to an individual development account	49. ● []
f. <input type="checkbox"/> Depreciation expense adjustment for Internal Revenue Code sections 168(k) and 179	50. ● []
Total of a through f 46. ● []	
47. Total deductions (add lines 36 through 46) 47. ● []	
48. Net adjustments - If line 35 is GREATER than line 47, enter the difference here and on line 2 as a positive amount. If line 35 is LESS than line 47, enter the difference here and on line 2 as a negative amount 48. ● [] (4,235.00)	
49. Retirement income credit (see instructions for credit table) (limit - \$200 per return) 49. ● []	
50. Senior citizen credit (limit - \$50 per return) 50. ● []	
51. Lump sum distribution credit (you must be 65 years of age or older to claim this credit) 51. ● []	
52. Child care and dependent care credit (see instructions and worksheet) 52. ● []	
53. Lump sum retirement credit 53. ● []	
54. If line 5 is less than or equal to \$10,000, enter \$107; otherwise, enter -0- or leave blank NEW 54. ● []	
55. Job training credit (see instructions and worksheet) (limit - \$500 per taxpayer) 55. ● []	
56. Ohio political contributions credit (limit - \$50 per taxpayer) 56. ● []	
57. Ohio adoption credit (limit - \$500 per child) 57. ● []	
58. Total credits (add lines 49 through 57) - enter here and on line 7 58. ● []	
59. Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident (new limitation - see line instructions) 59. ● []	
60. Enter Ohio adjusted gross income (line 3) 60. ● []	
61. Divide line 59 by line 60 % Multiply by the amount on line 12 61. ● []	
62. Enter the 2005 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (new limitation - see line instr.) 62. ● []	
63. Enter the smaller of line 61 or line 62. This is your Ohio resident tax credit. Enter here and on line 13 63. ● []	
List the state(s) other than Ohio with which you filed 2005 income tax returns	
64. Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio (attach form IT 2023) 64. ● []	
65. Enter the Ohio adjusted gross income (line 3) 65. ● []	
66. Divide line 64 by line 65 % Multiply by the amount on line 12. Enter here and on line 13 66. ● []	

BERT 0061
BERT V. AK STEEL

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BE2213 do
Tue Mar 21 2006 16:03

FORM IR FILE WITH
CITY OF MIDDLETOWN
INCOME TAX DIVISION
PO BOX 28739
MIDDLETOWN, OH 45042

RESIDENT
2005 INCOME TAX RETURN FOR
CITY OF MIDDLETOWN

(Ring required even if no tax due.)

Office Use Only

Tax office phone (513) 425-7862 On or before 4/17/06

Social Security Number

Name of employer

Spouse's Social Security Number

Address: Street

Account Number

City

Taxpayer Name and Address

VIVIAN D BERT
1812 CHERRY ST
MIDDLETOWN, OH 45044

City of residence MIDDLETOWN

Occupation

Telephone: Home

Business

Did you change residence in 2005? Yes No

Enter Date moved in out

Should the account be inactivated? Yes No

explain

Did you file a city return in 2004? Yes No Filing Status: Single Married filing Joint Married filing separateHas your federal tax liability for any prior year been changed during 2005? Yes No

If yes, has an amended city return been filed for such years?

Yes No

1 WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH ALL W-2'S) 1. 18,514.

2 OTHER TAXABLE INCOME (SEE INSTRUCTIONS) 2.

3. TAXABLE INCOME: LINE 1, PLUS LINE 2 3.

4. MUNICIPAL TAX .015 OF LINE 3. 4. 278.

5 CREDITS

A TAX WITHHELD BY EMPLOYER FOR CITY OF MIDDLETOWN 5A. 55.

B ESTIMATED TAX PAID CITY OF MIDDLETOWN 5B.

C TAX PAID CITY OF SEE STATEMENT Not to exceed .015 5C. 222.

D PRIOR YEAR OVER PAYMENTS 5D.

E OTHER PAYMENTS 5E.

F TOTAL CREDITS SF. 277.

6 IF LINE 4 GREATER THAN LINE 5F PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN. TAX DUE 6. 1.

A PENALTIES INTERESTS TOTAL \$

B TOTAL AMOUNT DUE 1.

7 OVERPAYMENT: LINE 5F MINUS LINE 4 NOT LESS THAN ZERO 7.

7A AMOUNT OF OVERPAYMENT YOU WANT REFUNDED 7a.

7B AMOUNT OF OVERPAYMENT YOU WANT CREDITED TO 2006 ESTIMATED TAX 7b.

2006 DECLARATION OF ESTIMATED TAXES:

8 TOTAL INCOME SUBJECT TO TAX \$ MULTIPLY BY TAX RATE OF .015 FOR GROSS TAX OF 8.

9 LESS EXPECTED TAX CREDITS

A WITHHELD BY EMPLOYER FOR CITY OF MIDDLETOWN SA.

B PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY NOT TO EXCEED .015 9B.

C TOTAL CREDITS 9C.

10A NET TAX DUE (LINE 8 LESS LINE 9C) 10A. 0.

10B OVERPAYMENT FROM PRIOR YEAR(S) From line 2b 10B.

10C BALANCE OF 2006 ESTIMATED TAX DUE: Line 10a minus 10b 10C. 0.

11 AMOUNT PAID WITH THIS DECLARATION (1/4 of Line 10a less Line 10b) 11.

12 AMOUNT ENCLOSED (LINE 6) \$ 1. (LINE 11) \$ TOTAL 12. 1.

 If this return was prepared by a practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER THE DECLARATION BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

03/21/2006

Signature of Person Preparing if other than Taxpayer

PALMER & ASSOC TAX INC

302 EDGEWOOD DR

TRENTON, OH 45067

513-988-1771

Date Signature of Taxpayer or Agent

Date

Spouse's Signature

Date

BERT.0062
BERT V. AK STEEL

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BE2213.CS
 Tue Mar 21 2006 16:03
 CITY OF MIDDLETOWN
 VIVIAN D. BERT
 Form IR

PAGE 2

NEED BE COMPLETED ONLY BY THOSE WHO HAVE OTHER TAXABLE INCOME THAN WAGES OR WHO
 CLAIM EXPENSES AS A DEDUCTIONS FROM SUCH WAGES.

13a	Profit from any business owned (attach Federal Schedule C)	\$ _____
13b	Add items not deductible.	\$ _____
13c	Subtract items not taxable	\$ _____
13d	Profit from farm (attach Federal Schedule F)	\$ _____
13e	Add items not deductible.	\$ _____
13f	Subtract items not taxable	\$ _____
13	Line 13a plus line 13b less line 13c plus line 13d plus line 13e less line 13f	\$ _____
14a	Rental income (attach Federal Schedule E)	\$ _____
14b	Add items not deductible.	\$ _____
14c	Subtract items not taxable	\$ _____
14	Line 14a plus line 14b less line 14c	\$ _____
15	Other income (attach appropriate Federal Schedule)	\$ _____
16	Total other income (add lines 13, 14 and 15)	\$ _____
A. Net loss per previous city income tax returns \$ _____ <small>(Operating losses may be carried forward for a maximum period of five (5) years)</small>		
B. Total other income \$ _____		
17	CREDITS	
A. Deductible expenses: (attach IRS Form - Schedule 2106 - or other statement) \$ _____		
B. Non-taxable income: (Explain) _____ \$ _____		
C. Total deductions \$ _____		
18	Net other taxable income or deductions (insert in line 2 page 1)	\$ _____

LINE 1 WAGES SALARIES AND OTHER EMPLOYEE COMPENSATION.

EMPLOYER	CITY	INCOME	TAX WITHHELD	FORM 2106
GE AIRCRAFT	MIDDLETOWN	18,514.	.55.	
<hr/>				
Total wages line 1. 18,514.				

LINE 5C STATEMENT: RESIDENT CITY CREDIT FOR TAX PAID TO WORK CITY.

WORK CITY	INCOME	TAX PAID	RESIDENT CITY CREDIT
EVENDALE	18,514.	222.	222.
<hr/>			
Total credit line 5C. 222.			

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 BERT V. AK STEEL

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Form 1040		Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return		2006	(99) IRS Use Only-Do not write or staple in this space.
Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.		For the year Jan. 1-Dec. 31, 2006, or other tax year beginning Your first name and initial VIVIAN		2006, ending ,20	OMB. No. 1545-0074
		Last name BERT		'Your social security number Spouse's social security number	
		If a joint return, spouse's first name and initial Last name			
		Home address (number and street). If you have a P.O. box, see page 16. 1812 CHERRY ST		Apt. no.	You must enter your SSN(s) above.
		City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. MIDDLETON OH 45044		Checking a box below will not change your tax or refund.	
Presidential Election Campaign		> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)		> <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Filing Status Check only one box.		1 Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ► LOUIS K JOHNSON		4 <input type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.	
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a		5 <input type="checkbox"/> Qualifying widow(er) with dependant child (see page 17)	
		b <input type="checkbox"/> Spouse		Boxes checked on 6a and 6b No. of children on 6c who	
		c Dependents:		• lived with you • did not live with you due to divorce or separation (see page 20)	
		(1) First name MALIQUE	(2) Dependent's last name BERT	(3) Dependent's social security number	(4) Check if qualifying child for child tax credit (see page 20) <input checked="" type="checkbox"/>
				Dependents on 6c not entered above.	
		d Total number of exemptions claimed		Add numbers on lines above ► 2	
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2		7	54,476
		8a Taxable interest. Attach Schedule B if required		8a	
		b Tax-exempt interest. Do not include on line 8a		8b	
		9a Ordinary dividends. Attach Schedule B if required		9a	
		b Qualified dividends (see page 23)		9b	
		10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)		10	
		11 Alimony received		11	
		12 Business income or (loss). Attach Schedule C or C-EZ		12	
		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>		13	
		14 Other gains or (losses). Attach Form 4797		14	
		15a IRA distributions	15a	b Taxable amount (see page 25)	15b
		16a Pensions and annuities	16a	b Taxable amount (see page 26)	16b
		17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17
		18 Farm income or (loss). Attach Schedule F			18
		19 Unemployment compensation			19
		20a Social security benefits	20a	b Taxable amount (see page 27)	20b
		21 Other income.			21
		22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►		22	59,262
Adjusted Gross Income		23 Archer MSA deduction. Attach Form 8853	23		
		24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
		25 Health savings account deduction. Attach Form 8889	25		
		26 Moving expenses. Attach Form 3903	26		
		27 One-half of self-employment tax. Attach Schedule SE	27		
		28 Self-employed SEP, SIMPLE, and qualified plans	28		
		29 Self-employed health insurance deduction (see page 29)	29		
		30 Penalty on early withdrawal of savings	30		
		31a Alimony paid b Recipient's SSN ►	31a		
		32 IRA deduction (see page 31)	32		
		33 Student loan interest deduction (see page 33)	33		
		34 Jury duty pay you gave to your employer	34		
		35 Domestic production activities deduction. Attach Form 8903	35		
		36 Add lines 23 through 31a and 32 through 35		36	
		37 Subtract line 36 from line 22. This is your adjusted gross income		37	59,262

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80.

EEA

Form 1040 (2006)

BERT 0064
BERT V. AK STEEL

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Form 1040 (2006) VIVIAN BERT

Page 2

59,262

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	59,262
Standard Deduction for—	39a Check <input type="checkbox"/> You were born before January 2, 1942, if: <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind, <input type="checkbox"/> Total boxes checked ► 39a	39a	
• People who checked box 39a: 21% of who can be claimed as a dep. see page 34.	b If you spouse itemizes on a separate return or you were a dual-status alien, see pg 34 & check here ► 39b <input checked="" type="checkbox"/>	39b	
• All others. Single or Married filing separately, \$5,150	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,621
Married filing jointly or Qualifying widow(er), \$10,300	41 Subtract line 40 from line 38	41	47,641
Head of household, \$7,550	42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	6,600
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	41,041
	44 Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	6,814
	45 Alternative minimum tax (see page 39). Attach Form 6251	45	
	46 Add lines 44 and 45	46	6,814
	47 Foreign tax credit. Attach Form 1116 if required	47	
	48 Credit for child and dependent care expenses. Attach Form 2441	48	
	49 Credit for the elderly or the disabled. Attach Schedule R	49	
	50 Education credits. Attach Form 8863	50	
	51 Retirement savings contributions credit. Attach Form 8880	51	
	52 Residential energy credits. Attach Form 5695	52	
	53 Child tax credit (see page 42). Attach Form 8901 if required	53	750
	54 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
	55 Other credits: a <input type="checkbox"/> Form 8800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
	56 Add lines 47 through 55. These are your total credits	56	750
	57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	6,064
Other Taxes	58 Self-employment tax. Attach Schedule SE	58	
	59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
	60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
	61 Advance earned income credit payments from Form(s) W-2, box 9	61	
	62 Household employment taxes. Attach Schedule H	62	
	63 Add lines 57 through 62. This is your total tax	63	6,064
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	8,820
If you have a qualifying child, attach Schedule EIC.	65 2006 estimated tax payments and amount applied from 2005 return	65	
	66a Earned income credit (EIC)	66a	
	b Nonrefundable combat pay election ► 66b	66b	
	67 Excess social security and tier 1 RRTA tax withheld (see page 60)	67	
	68 Additional child tax credit. Attach Form 8812	68	
	69 Amount paid with request for extension to file (see page 60)	69	
	70 Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
	71 Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	40
	72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	8,860
Refund	73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	2,796
Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	74a	2,796
	b Routing number		
	c Account number		
	d Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	75 Amount of line 73 you want applied to your 2007 estimated tax	75	
Amount You Owe	76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	
	77 Estimated tax penalty (see page 62)	77	

Do you want to allow another person to discuss this return with the IRS (see page 63)? Yes. Complete the following. No

Designee's name

► JUDITH PALMER

Phone no.

► 513-988-1771

Personal identification number (PIN)

► 83035

Sign Here

Joint return?

See page 17.

Keep a copy for your records.

Your signature

02213

Spouse's signature. If a joint return, both must sign.

Date

02-12-2007

Your occupation

Daytime phone number

Paid
Preparer's
Use Only

Preparer's signature

► JANET ANDERSON

Date

02-12-2007

Check if self-employed

Preparer's SSN or PTIN

P00085705

Firm's name (or
yourself if self-employed),
address, and ZIP code

► PALMER & ASSOC. TAX INC.

EN

11-3661300

► P.O. 349

► TRENTON

OH 45067

Phone no. 513-988-1771

EEA

Form 1040 (2006)

BERT 0065
BERT V. AK STEEL

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**SCHEDULES A&B
(Form 1040)****Schedule A – Itemized Deductions**

OMB No. 1545-0074

2006Attachment
Sequence No. 07

Your social security number

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

► Attach to Form 1040. ► See Instructions for Schedules A & B (Form 1040).

VIVIAN BERT

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
1 Medical and dental expenses (see page A-1)	1		
2 Enter amount from Form 1040, line 38	2		
3 Multiply line 2 by 7.5% (.075)	3		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid	5 State and local income taxes	5	2,948
(See page A-3.)	6 Real estate taxes (see page A-3)	6	1,652
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	
	9 Add lines 5 through 8	9	4,600
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	6,621
(See page A-3.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ►		
Note. Personal interest is not deductible.	12 Points not reported to you on Form 1098. See page A-4 for special rules	11	
	13 Investment interest. Attach Form 4952 if required. (See page A-4.)	12	
	14 Add lines 10 through 13	13	
Gifts to Charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-5	14	6,621
If you made a gift and got a benefit for it, see page A-4.	16 Other than by cash or check. If any gift of \$250 or more, see page A-5. You must attach Form 8283 if over \$500	15	400
	17 Carryover from prior year	16	
	18 Add lines 15 through 17	17	
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-6)	18	400
Job Expenses and Certain Miscellaneous Deductions	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.) ►	19	
(See page A-6.)	21 Tax preparation fees	20	
	22 Other expenses - investment, safe deposit box, etc. List type and amount ►	21	
	23 Add lines 20 through 22	22	
	24 Enter amount from Form 1040, line 38	23	
	25 Multiply line 24 by 2% (.02)	24	
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	25	
Other Miscellaneous Deductions	27 Other - from list on page A-7. List type and amount ►	26	
Total Itemized Deductions	28 Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)?	27	
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.	28	
	<input type="checkbox"/> Yes. Your deduction may be limited. See page A-7 for the amount to enter.		
	29 If you elect to itemize deductions even though they are less than your standard deduction, check here ►		

For Paperwork Reduction Act Notice, see Form 1040 instructions.

EEA

Schedule A (Form 1040) 2006

BERT 0066
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**Ohio Department of
TAXATION**

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use staples.



06000167

2006

IT 1040

Rev. 10/06

Individual Income Tax Return

Your Social Security # (required)	Spouse's Social Security # (only if joint return)		For the year Jan. 1-Dec. 31, 2006 or other taxable year beginning	
Check if deceased Please use only UPPERCASE letters.		Check if deceased		Jan. 1, 2006
Your first name VIVIAN	M.I.	Last name BERT	State OH	ZIP code 45044
Spouse's first name (only if joint return)	M.I.	Last name	Ohio county (first four letters) BUTL	
Home address (number and street) 1812 CHERRY ST	Foreign country		Foreign postal code	
City MIDDLETOWN				

In case of executor's name (must indicate if refund will be issued in decedent's name)

Ohio Residency Status (see instructions on page 9)
 Resident Nonresident State abbreviation
Part-year
resident from:**Filing Status - Check one** (same as reported on federal income tax return)

Single or head of household or qualifying widow(er)	Married filing jointly
<input checked="" type="checkbox"/> Married filing separately - enter spouse's SS#	

Please do not use staples.

Place your W-2, check and IT 40P on top of your return.

Place any other supporting documents or statements
after the last page of your return.**Go paperless. It's FREE!**

Try I-File.
tax.ohio.gov

**File electronically and receive your
refund in 5-7 days by direct deposit!**

Ohio Political Party Fund

Yes No

Do you want \$1 to go to this fund?

If joint return, does your spouse want \$1 to go to this fund?

Note: Checking "Yes" will not increase your tax or decrease your refund.

Ohio Public School District Number
(see pages 35-39)

0906

INCOME INFORMATION

1. Federal adjusted gross income (from federal forms 1040, line 37; or 1040A, line 21; or 1040EZ, line 4)	1.	59 262 00
2. Ohio adjustments. Amount from line 48 on page 3	2.	- 4 786 00
3. Ohio adjusted gross income (line 2 added to or subtracted from line 1)	3.	54 476 00
4. Multiply your personal and dependent exemptions	2 times \$1,400 and enter the result here	4. 2 800 00
5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4)	5.	51 676 00

SIGN HERE (required)

Continue to IT 1040 - pg. 2

I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

> Your signature 02-12-07 Date _____**For Departmental Use Only**

> Spouse's signature (if filing jointly, BOTH must sign)

JANET ANDERSON Phone number 513 988 1771

Preparer's signature _____ Phone number _____

Code _____

NO Payment Enclosed - Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Enclosed - Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

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BERT V. AK STEEL

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06000267

2006

IT 1040 Rev. 10/06

Individual Income Tax Return

TAX AND CREDITS		Social Security number	
6. Tax on line 5 (see tax tables, pages 28-34)	.....	6.	1 781 00
7. Credit's from Schedule B (from line 58 on page 4 of form IT 1040)	.....	7.	00
8. Ohio tax less Schedule B credits. (Subtract line 7 from line 6. If line 7 is more than line 6, enter -0-)	.....	8.	1 781 00
9. Exemption credit: Number of your personal and dependent exemptions	2 times \$20	9.	40 00
10. Ohio tax less exemption credit. (Subtract line 9 from line 8. If line 9 is more than line 8, enter -0-)	.....	10.	1 741 00
11. Joint filing credit (see instructions on page 14 and include documentation) (limit \$650)	.....	% times line 10	00
12. Ohio tax less joint filing credit. (Subtract line 11 from line 10. If line 11 is more than line 10, enter -0-)	.....	11.	1 741 00
13. Resident/nonresident/part-year credits (Sch. C or D) and nonrefundable business credits (Sch. E)	.....	12.	00
14. Ohio income tax before manufacturing equipment grant. (Subtract line 13 from line 12. If line 13 is more than line 12, enter -0-.)	.....	13.	00
15. Manufacturing equipment grant. You must include the grant request form	.....	14.	1 741 00
16. Ohio income tax. (Subtract line 15 from line 14. If line 15 is more than line 14, enter -0-)	.....	15.	00
17. Interest penalty on underpayment of estimated tax: Check if form IT 2210-1040 is included	.....	16.	1 741 00
18. Unpaid Ohio use tax (see worksheet on page 27)	.....	17.	00
The amount you show on this line is part of your total income tax liability for this year.			
19. Total Ohio tax (add lines 16, 17 and 18)	.....	19.	1 741 00
PAYMENTS			
20. Ohio Tax Withheld (box 17 on your W-2). Include W-2s on front of return	.....	AMOUNT WITHHELD ►20.	2 130 00
21. 2005 overpayment credited to 2006, Ohio 2006 estimated tax and 2006 IT 40P payments	.....	21.	00
22. a. Refundable business jobs credit 00 Must include certificate(s) Total of lines 22a and 22b	.....	b. Refundable pass-through entity credit 00 Must include K-1(s)	00
23. Add lines 20, 21 and 22	.....	TOTAL PAYMENTS ►23.	2 130 00
REFUND OR AMOUNT YOU OWE			
24. Amount You Owe (if line 23 is less than line 19, subtract line 23 from line 19). Check here and enclose form IT 40P (see page 41) with the front of return if you are enclosing a payment Check here if you have paid or will pay with an electronic check or credit card (see page 41)	.....	AMOUNT YOU OWE ►24. (payable to Ohio Treasurer of State)	00
25. If line 23 is GREATER than line 19, subtract line 19 from line 23	AMOUNT OVERPAID ►25.	389 00	00
26. Amount of line 25 to be credited to 2007 estimated income tax liability	.....	CREDIT ►26.	00
27. Amount of line 25 that you wish to donate to the Military Injury Relief Fund	.....	27.	00
28. Amount of line 25 that you wish to donate for Ohio's wildlife species and conservation of endangered wildlife	.....	28.	00
29. Amount of line 25 that you wish to donate for nature preserves, scenic rivers and protection of endangered species	.....	29.	00
30. Amount of line 25 to be refunded (subtract amounts on lines 26, 27, 28 and 29 from line 25)	.....	YOUR REFUND ►30.	389 00

If the amount you owe is less than \$1.01, payment need not be made. If your refund is less than \$1.01, no refund will be issued.

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06000367

2006**IT 1040** Rev. 10/06**Individual Income Tax Return****SCHEDULE A - Adjustments to Income (Additions and Deductions) Social Security no. [redacted]**

Additions - Add to the extent not included in federal adjusted gross income (line 1).	
31. Add non-Ohio state or local government interest and dividends	31. 00
32. Add certain pass-through entity Ohio taxes paid	32. 00
33. Add income from an electing small business trust (see page 18)	33. 00
34. a. Federal interest and dividends subject to state taxation	34.a. 00
b. Reimbursement of college tuition expenses and fees deducted in any previous year(s)	b. 00
c. Losses from sale or disposition of Ohio public obligations	c. 00
d. Nonmedical withdrawals from an Ohio medical savings account and miscellaneous federal tax adjustments	d. 00
e. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income	e. 00
f. Noneducation expenditures from college savings account	f. 00
g. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	g. 00
35. Total additions (add lines 31 through 34g and enter here). Applicable line items must be completed	35. 00
Deductions - See page 19 for limitations.	
36. Deduct federal interest and dividends exempt from state taxation	36. 00
37. Deduct compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents	37. 00
38. Deduct state or municipal income tax overpayments included in federal adjusted gross income	38. 00
39. Deduct disability and survivorship benefits (do not include pension continuation benefits)	39. 00
40. Deduct qualifying Social Security benefits and certain railroad benefits	40. 4 786 00
41. Deduct contributions to CollegeAdvantage 529 savings plan and/or purchases of tuition credits	41. 00
42. Deduct certain Ohio National Guard reimbursements and benefits (see page 20)	42. 00
43. Deduct unsubsidized health insurance, long-term care insurance and excess medical expenses (see worksheet on page 21)	43. 00
44. Deduct funds deposited into, and earnings of, a medical savings account for eligible medical expenses (see worksheet on page 21)	44. 00
45. Deduct certain losses from an electing small business trust (see page 22)	45. 00
46. a. Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits	46a. 00
b. Interest income from Ohio public obligations and Ohio purchase obligations and gains from the sale or disposition of Ohio public obligations	b. 00
c. Refund or reimbursements shown on federal form 1040, line 21 for itemized deductions claimed on a prior year federal income tax return	c. 00
d. Repayment of income reported in a prior year and miscellaneous federal tax adjustments	d. 00
e. Amount contributed to an individual development account	e. 00
f. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	f. 00
47. Total deductions (add lines 36 through 46f). Applicable line items must be completed	47. 4 786 00
48. Net adjustments - If line 35 is GREATER than line 47, enter the difference here and on line 2 as a positive amount. If line 35 is LESS than line 47, enter the difference here and on line 2 as a negative amount	48. - 4 786 00

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2006

IT 1040 Rev. 10/06

Individual Income Tax Return

SCHEDULE B - Credits

	Social Security no.
49. Retirement income credit (see credit table on page 23) (limit \$200 per return)	49. 00
50. Senior citizen credit (\$50 per return)	50. 00
51. Lump sum distribution credit (you must be 65 years of age or older to claim this credit)	51. 00
52. Child care and dependent care credit (see instructions and worksheet on page 23)	52. 00
53. Lump sum retirement credit	53. 00
54. If line 5 is \$10,000 or less, enter \$102; otherwise, enter -0- or leave blank	54. 00
55. Job training credit (see instructions on page 23 and worksheet on page 24) (limit \$500 per taxpayer)	55. 00
56. Ohio political contributions credit (limit \$50 per taxpayer)	56. 00
57. Ohio adoption credit (\$500 per child adopted during the year)	57. 00
58. Total credits (add lines 49 through 57) - enter here and on line 7	58. 00

SCHEDULE C - Ohio Resident

59. Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident (limits apply - see line 59 instructions on page 24)	59. 00
60. Enter Ohio adjusted gross income (line 3)	60. 00
61. Divide line 59 by line 60 and enter the result here. % Multiply by the amount on line 12	61. 00
62. Enter the 2006 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia. (limits apply - see line 62 instructions on page 25)	62. 00
63. Enter the smaller of line 61 or line 62. This is your Ohio resident tax credit. Enter here and on line 13. If you filed a return in 2006 with a state(s) other than Ohio, list the two-letter state abbreviation in the boxes below	63. 00

SCHEDULE D - Nonresident/Part-Year Resident

64. Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio. Include form IT-2023 (limits apply - see line 64 instructions on page 25)	64. 00
65. Enter the Ohio adjusted gross income (line 3)	65. 00
66. Divide line 64 by line 65 and enter the result here. % Multiply by the amount on line 12. Enter here and on line 13. If both the resident credit and the nonresident/part-year resident credit apply, enter the sum of lines 63 and 66 on line 13	66. 00

CONFIDENTIAL

TAX YEAR
2006

CITY OF MIDDLETOWN

INCOME TAX RETURN

DUE ON OR BEFORE 04-16-2007

Or within three months and fifteen days after the close of a fiscal year or period

FOR CALENDAR YEAR ENDING DECEMBER 31 2006

OR FOR THE MONTH ENDING

MAIL TO: MIDDLETOWN CITY
1 DONHAM PLZ
MIDDLETOWN

OH 45042-1901

VIVIAN BERT
1812 CHERRY ST
MIDDLETOWN OH 45044

PREVIOUS ADDRESS

Account #	CAP REQ	ISS	BY
SOCIAL SECURITY NO. or E.I.D. NO.			
Yours	ISG		
OCCUPATION			
MIDDLETOWN	RESIDENT	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
DATE MOVED IN/OUT OF (city)			
<input type="checkbox"/> IN	DATE		
<input type="checkbox"/> OUT	DATE		
DO YOU OWN THIS PROPERTY? <input checked="" type="checkbox"/> X OR RENT			
NAME AND ADDRESS OF LANDLORD			
FEIN, If Applicable			
TELEPHONE NUMBER			
WILL YOU HAVE TAXABLE INCOME NEXT YEAR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, EXPLAIN			

CHECK IF FINAL RETURN YES DATE

1. COMPENSATION FROM WAGES - ATTACH W-2'S

NAME OF EMPLOYER	WHERE EMPLOYED	TAX WITHHELD	OTHER CITIES	GROSS WAGES
GE AIRCRAFT	MIDDLETOW	164		54476
GE AIRCRAFT	EVENDALE		654	
Total		164	654	1. 54476

IF ALL OF YOUR MIDDLETOWN INCOME IS FROM WAGES AND YOU HAVE NO ADJUSTMENTS TO THE WAGES, YOU MAY TRANSFER THE AMOUNT ON LINE 1 TO LINE 10 & COMPUTE YOUR TAX.

2. INCOME FROM SELF-EMPLOYMENT (Attach Federal Schedule C, E, F or K-1)
 3. INCOME FROM RENTS OR LEASES (Attach Federal Schedule E)
 4. PARTNERSHIP INCOME (Attach Federal Form 1065)
 5. CORPORATION INCOME (Attach Federal 1120, 1120S, 1120A)
 6. MISC. INCOME (Attach 1099's or explain source)
 7. ADDITIONS TO INCOME (From page 2)
 8. DEDUCTIONS FROM INCOME (From page 2)
 9. ADJUSTED NET INCOME (Add Lines 1 thru 8)
 10. MIDDLETOWN TAXABLE INCOME
 11. TAX ON LINE 10 @ 1.5000 %
 12. MIDDLETOWN TAX WITHHELD:
 ATTACH W-2's PAID BY PARTNERSHIP
 13. MIDDLETOWN RESIDENTS:
 TAX PAID TO OTHER CITIES ON INCOME ON LINE 10: ATTACH CITY RETURNS
 14. OTHER CREDITS
 15. TAX DUE BEFORE DEDUCTION FOR ESTIMATE PAYMENTS LINE 11 -(12 + 13 + 14)
 16. PAYMENTS AND CREDIT FOR ESTIMATED TAX
 17. BALANCE OF TAX DUE - SUBTRACT LINE 16 FROM LINE 15
 18. ADD 2210 ASSESSMENT FOR UNDERPAYMENT OF ESTIMATED TAX (Attach Form TOL-2210)
 19. ADD PENALTY & INTEREST FOR LATE PAYMENT
 20. TOTAL TAX, PENALTIES & INTEREST DUE - ADD LINES 17, 18, AND 19
 PAYMENT MUST ACCOMPANY RETURN
 21. IF LINE 17 IS AN OVERPAYMENT, INDICATE THE AMOUNT TO BE CREDITED TO THE NEXT TAX YEAR OR THE AMOUNT TO BE REFUNDED: (1)
 22a. Enter 2007 Estimated Tax in Full
 22b. Enter full estimate (line 22a) or first quarter 2007 estimate (1/4 of line 22a)
 23. TOTAL DUE - Lines 20+22b minus amount credited from line 21

2.
3.
4.
5.
6.
7.
8.
9. 54476
10. 54476
11. 817

12. (164)
13. (654)
14. ()

15. -1
16.
17. -1
18.
19.
20.

21. IF LINE 17 IS AN OVERPAYMENT, INDICATE THE AMOUNT TO BE CREDITED TO THE NEXT TAX YEAR OR THE AMOUNT TO BE REFUNDED: (1)
 AMOUNTS UNDER \$1.00 ARE NOT DUE NOR REFUNDABLE
 22a. Enter 2007 Estimated Tax in Full
 22b. Enter full estimate (line 22a) or first quarter 2007 estimate (1/4 of line 22a)
 23. TOTAL DUE - Lines 20+22b minus amount credited from line 21

TAX PREPARER	02-12-07	TAXPAYER	02-12-07
MUST SIGN HERE	(Signature of Tax Preparer)	MUST SIGN HERE	(Signature of Taxpayer)
PALMER & ASSOC. TAX INC.		(Date)	
P.O. 349			
TRENTON OH 45067			
5139881771			
SPOUSE MUST SIGN HERE		(Signature of Spouse)	
		(Date)	

BERT 0071
BERT V. AK STEEL

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Worksheet 1
Forms 1040, 1040ASocial Security Benefits Worksheet
Figuring Your Taxable Benefits
(Keep for your records)

2006

Name(s) - shown on return

VIVIAN BERT

Social Security No.

Before you begin:

- If you are married filing separately and you lived apart from your spouse for all of 2006, enter "D" to the right of the word "benefits" on Form 1040, line 20a, or Form 1040A, line 14a.
- Use this worksheet if you repaid benefits in 2006 and your total repayments (box 4) were more than your gross benefits for 2006 (box 3). None of your benefits are taxable for 2006. For more information, see Repayments More Than Gross Benefits.

1. Enter the total amount from box 5 of ALL your Forms SSA-1099 and RRB-1099. Also enter this amount on Form 1040, line 20a, or Form 1040A, line 14a 1. 5,630
 2. Enter one-half of line 1 2. 2,815
 3. Enter the total of the amounts from:
Form 1040: Lines 7, 8a, 8b, 9a, 10 through 14, 15b, 16b, 17 through 19, and 21
Form 1040A: Lines 7, 8a, 8b, 9a, 10, 11b, 12b, and 13 3. 54,476
 4. **Form 1040 filers:** Enter the total of any exclusions/adjustments for:
 - Qualified U.S. savings bond interest (Form 8815, line 14)
 - Adoption benefits (Form 8839, line 30)
 - Foreign earned income or housing (Form 2555, lines 45 and 50, or Form 2555-EZ, line 18), and
 - Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico**Form 1040A filers:** Enter the total of any exclusions for:
 - Qualified U.S. savings bond interest (Form 8815, line 14)
 - Adoption benefits (Form 8839, line 30)
 4. 57,291
 5. Add lines 2, 3, and 4 5. 57,291
 6. **Form 1040 filers:** Enter the amount from Form 1040, line 38, minus any amounts on Form 1040, lines 33 and 35.
Form 1040A filers: Enter the amount from Form 1040A, line 20, minus any amounts on Form 1040A, lines 18 6. 57,291
 7. Is the amount on line 6 less than the amount on line 5?
No. STOP None of your social security benefits are taxable. Enter -0- on Form 1040, line 20b, or Form 1040A, line 14b.
X Yes. Subtract line 6 from line 5 7. 57,291
 8. If you are:
 - Married filing jointly, enter \$32,000
 - Single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2006, enter \$25,000**Note:** If you are married filing separately and you lived with your spouse at any time in 2006, skip lines 8 through 15; multiply line 7 by 85% (.85) and enter the result on line 16. Then go to line 17.
8. 57,291
 9. Is the amount on line 8 less than the amount on line 7?
No. STOP None of your benefits are taxable. Enter -0- on Form 1040, line 20b, or on Form 1040A, line 14b. If you are married filing separately and you lived apart from your spouse for all of 2006, be sure you entered "D" to the right of the word "benefits" on Form 1040, line 20a, or on Form 1040A, line 14a.
X Yes. Subtract line 8 from line 7 9. 57,291
 10. Enter \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2006 10. 57,291
 11. Subtract line 10 from line 9. If zero or less, enter -0- 11. 57,291
 12. Enter the smaller of line 9 or line 10 12. 57,291
 13. Enter one-half of line 12 13. 57,291
 14. Enter the smaller of line 2 or line 13 14. 57,291
 15. Multiply line 11 by 85% (.85). If line 11 is zero, enter -0- 15. 57,291
 16. Add lines 14 and 15 16. 48,697
 17. Multiply line 1 by 85% (.85) 17. 4,786
 18. **Taxable benefits.** Enter the smaller of line 16 or line 17. Also enter this amount on Form 1040, line 20b, or Form 1040A, line 14b 18. 4,786
- TIP** If you received a lump-sum payment in 2006 that was for an earlier year, also complete Worksheet 2 or 3 and Worksheet 4 to see whether you can report a lower taxable benefit.

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Projected State and Local Income Tax Refund Worksheet For 2007

2006

This amount will carry to next year's screen 3 with a V in front of it.

Name(s) shown on Form 1040

VIVIAN BERT

SSN

Worksheet 1 - 2006 Schedule A worksheet as filed

1 Enter the total amount from Schedule A, line 5	1	2,948
2 Multiply line 1 by 80% (.80)	2	2,358
3 Enter the amount from 1040, line 38	3	59,262
4 Enter: \$150,500 (\$75,250 if married filing separately)	4	75,250
5 Subtract line 4 from line 3	5	
6 Multiply line 5 by 3% (.03)	6	
7 Enter the smaller of line 2 or line 6	7	
8 Total state and local taxes deducted on 2006 return. Subtract line 7 from line 1	8	2,948

Worksheet 2 - 2006 Schedule A worksheet recomputed using original Schedule A line 5 less state refunds

1 Enter the total state taxes actually paid in 2006 (line 1 above less state refund that will be received on 2007 Form 1099-G)	1	2,559
2 Multiply line 1 by 80% (.80)	2	2,047
3 Enter the amount from 1040, line 38	3	59,262
4 Enter: \$150,500 (\$75,250 if married filing separately)	4	75,250
5 Subtract line 4 from line 3	5	
6 Multiply line 5 by 3% (.03)	6	
7 Enter the smaller of line 2 or line 6	7	
8 Total state and local taxes that would have been deducted if Schedule A line 5 reflected only the portion of the total state and local taxes paid that were due	8	2,559

Worksheet 3 - Difference

1 Enter the amount from line 8, worksheet 1 above	1	2,948
2 Enter the amount from line 8, worksheet 2 above	2	2,559
3 Subtract line 2 from line 1. This is the maximum amount of the total refund that is taxable in 2007 If line 3 is -0- or less, STOP. None of your state refund is taxable. If line 3 is greater than -0-, complete worksheet 4 below to determine how much of your state refund is taxable.	3	389

Worksheet 4 - State and Local Income Tax Refund Worksheet

1 Enter the amount from line 3, worksheet 3 above	1	389
2 Enter your total allowable itemized deductions from your 2006 Schedule A line 28 Note. If your 2006 filing status was MFS and your spouse itemized deductions in 2006, skip lines 3, 4, and 5, and enter the amount from line 2 on line 6 below.	2	11,621
3 Enter the amount shown below for the filing status claimed on your 2006 Form 1040. Single - \$5,150 Married filing jointly, or qualifying widow(er) - \$10,300 Married filing separately - \$5,150 Head of household - \$7,550	3	

4 Did you fill in line 39a on your 2006 Form 1040?

No. Enter -0-.

Yes. Multiply the number in the box on line 38a of your 2006 Form 1040 by:

\$1,000 if your 2006 filing status was MFJ or MFS or QW;

\$1,250 if your 2006 filing status was single or HOH

5 Add lines 3 and 4

6 Is the amount on line 5 less than the amount on line 2?

No. STOP. None of your refund is taxable.

Yes. Subtract line 5 from line 2

7 Taxable part of your refund. Enter the smaller of line 1 or line 6 here

Worksheet 5 - State and Local Income Tax and General State Sales Tax Computation

1 2006 State Income Tax Deduction from Schedule A, Line 5	1	2,948
2 2006 State General Sales Tax Deduction not taken on Schedule A, Line 5	2	726
3 Difference	3	2,222
4 Taxable part of your refund from line 7 of worksheet 4	4	389
5 Lesser of line 3 or 4	5	389

This is the maximum taxable portion of your state refund.

WK_REFUND

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